# FOR STATE HEALTH DEPT.

O DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delapease executed executed within 14 hours after death. If any delapease executed executed writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY ME

e funeral may be State Department hours after death. 地が TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within VR AISME (5) 5M 1/65

		DEPARTMENT O			
CAL RESEA	RCH AND RECOI	DS, 301 W. PRESTO	N STREET	r, BALTIMORE	1, MARYLAND
EDICAL	EXAMINER'	S CERTIFICAT	E OF I	DEATH	กรีลเรี

	Division of STATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON ST		
1	07030 MEDICAL I	EXAMINER'S C	CERTIFICATE O	F DEATH	1413
1	1. PLACE DF DEATH a. CDUNTY		2. USUAL RESIDENCE (WI	here deceased lived, If institution: F b. CDUNTY	Resident before admission)
١	Prince Georges	MARYLAND	ENG	LAND	
		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporete limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hosp	LESS / HR	d. STREET ADDRESS	INTS ENGLAR	e. IS RESIDENCE
	- PUSAF HOSPITAL ANDR			+RM	ON A FARM?
1	3. NAME OF First	Middle	Last 4.	DATE Month	Dey Year
	(Type or print) SHARON	K. A.	GEE	DEATH MAY	19 19 67
1	5. SEX 6. CDLDR DR RACE 7. MARRIED		1 4 1 7	9. AGE (In years   IF UNDER   last birthday)   Months	Days Hours Min.
١	FEMALE CAUCASIAN WIDDWED	DIAOKOED .	14 FEB 1963	4 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired) INDU	DF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
ı	NONE CHILD		NELLIS AF	B. NEVADA	U.S.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	WENDELL W. AGEE		JUNE A	Y, EVANS	
1	15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOO (Yes, no, or unknown)   (If yes give war or dates of service)	CIAL SECURITY ND.   17.	INFORMANT	ROUT E	#1
1		VONE WE	NDELL W. AGEE	PIKEVILLE	TENN.
1	18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) SECOND	ANDTHIRD DEGI	REE BURNS of 5	odo of Body	THRS
	9/40 DUE TO		,		1.
	Conditions, if any, which gave rise to immediate	YAL FAILUR	3		
	cause (e), steting the DUE TO				
		YPERPYRE		TARRETTON OUT THE BART WA	119. WAS AUTOPSY
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION    ON C	NG TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEAS	SECONDITION GIVEN IN PART 1(a)	PERFORMED?
9	NONE		The state of the land	In Dord I or Dord II of Item 15	YES NO
	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CDNTRIBUTING ☐ RURN			y in Part I or Part II of Item 18	).)
		IED CLOTHING	GIN HOME	005 (01h) on hours) (00	unty) (State)
è	20c. TIME DF INJURY Month, Day, Year 20d. INJU Hour a.m. While of the work		v. street. office bldg., etc.)	11 4	
				ALCONBURY, HUN	
	21. I certify that I took charge of the remain	ns described above, held	d an Autopsy 🔲, 🛮 İns	pection 🔀, Inquiry 🔀,	
	death resulted from: Natural causes,	Accident Suic		, Undetermined manner	
	ACTUAL OLISTON OLISTON	The	CHIEF MEDICAL EXA		_/22: DATE SIGNED
	SIGNATURE SULFA TO TO TO	inn	_M.D. ASSISTANT MEDICAL DEPUTY MEDICAL EX		nnopoliske
	EXAMINER'S DAYTON O U	VATKING	Address (Street, city		enspergh.
	DEMOVAS (Openifus)	23c. NAME OF CEMETERY		3d. LOCATION (City, town or co	
	BURIAL 25 MAY 1967	IRON HILL	CEMETERY		ENNESSEE
	24. FUNERAL DIRECTOR IN W. CHAMBERS GO TO	ADDRESS VERDALE,	ND MAIZ	5 967 256 CHIGHTRAN	S SIGNATURE
	11 00 LINGING 11	I V III DIII - J	DATE		0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

/	0703	OF STATISTI		ARCH AND REC	CORDS	PARTMENT OF 1, 301 W. PRESTON	HEALTH STREET, BALTIMOR	E 1, MA	RYLAND
)	PLACE DF DEATH a. COUNTY Prince G	eorges	to limite	MARY		a. STATE Maryland	(Where deceased lived, If institution b. COUNT Prince utside corporate limits, write	Geor	bes-
	write RURAL	N (if outside corpora and give nearest to	vn)	5 days	IM ID	1111111 =	heverly	, KOKAE OII	16.1
				ospital, give street a		d. STREET ADDRESS	7151 Hawthorne	St.	e. IS RESIDENCE ON A FARM? YES NO
	NAME DF DECEASED (Type or print)		irst Fre de ri	Middle	Α.	Last Allison	4. DATE Month OF DEATH May	3	Day Year 19 6 7
	SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		2/17/84	9. AGE (In years IF	UNDER 1 Y	
10a dur	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done   10b.	IND OF BUSINESS OR NDUSTRY Bake			nty & State, or foreign country)	U.S	ZEN OF WHAT
	FATHER'S NAM	E				14. MOTHER'S MAIDE			
		EVER IN U.S. ARMED FO (If yes give war or dates	of service)	SOCIAL SECURITY NO		informant an Allison	20.0	Minn on,	Ave S.E.
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE  DUE any, which immediate tating the	(a) 10 (b) p	yelon phu		chini			Grand Between ONSET AND DEATH
CERTIFICATION		SIGNIFICANT CONDITI	oselu	rsie			SEASE CONDITION GIVEN IN PA		19. WAS AUTOPSY PERFORMED? YES NO **
MEDICAL		INJURY Month, Day, m.		Not While	20e. PLAC factor	CE OF INJURY (Home, fari y, street, office bldg., etc	n, 20f. (City or town)	(Count	y) (State)
		ceased alive on N	1ay 31,			ATTENDING M. PHYS. DI	5PM, from the causes a	nd on the 22b. DAT	date stated above.
23a	BURIAL, CREA REMOVAL (Sp Urial	ATION, 23b. DATE	THEREOF			OR CREMATORY	Wash, D.	C.	
29	FUNERAL DIRI	CTOR 13	1-11	ADDRESS	5. 7	DATE UN	D BY REGISTRAR 25b. REG		Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH

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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office alo <u>pp. w</u> ith form	2 5 H
VR A	5 may be retained for your files.  10 FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 without 5 to the Dep.  Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

070.	33	WEDIC	AL EXAMINE	R'S CERI	IFICATE O	F DEATH	4 4 4	0701	
1. PLACE OF DEA	TH					Where deceased lived, i			
	Prince George	els.	MARYLAN	M di	larylan	<u>d</u> a :	Prince		
b. CITY OR TOV	NN (If autside corparate limits L and give nearest tawn)	,	LENGTH OF STAY IN 11			tside carparate limits,		1/	
Chever	ly		DOA			er		161	
d. NAME OF HO	SPITAL OR INSTITUTION (If no	t in hospitol, give	street address)		EET ADDRESS	S		e. IS RES	SIDENCE FARM?
Prince	George Genera					Landover		YES	J (A)
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Month		Year
(Type or print) S. SEX	Dvira	7. MARRIED	NEVER MARRIED [	rkinza	leh Of Birth	DEATH 9. AGE (In	years T IF HNDER		9 67 DER 24 HRS
		WIDOWED &		=		lost birt	hdoy) Months	Doys Hours	
Female	white ATION (Give kind of work done		OF BUSINESS OR		eb. 1908	or foreign country)	Yrs.	ITIZEN OF WHAT	
during most of wor	king life, even if retired) Wife	INDUS			Russia	or rottight toothing	(	OUNTRY?	
13. FATHER'S NAM				14. N	OTHER'S MAIDEN N	NAME	177	all	
Moshe	Kaplan			1	nknown				
IS. WAS DECEASED	DEVER IN U.S. ARMED FORCES?	16. 500	IAL SECURITY NO.		INT Son		Address AD	Lando	1102
(res, no, or unknow	wn) (If yes give wor or dotes o	i service)	4	Abraha	m H. A	rkinzade	h Rd I	andove	A WY
	OF DEATH (Enter only one cour	se per line for (o)	, (b), ond (c).)					INTERVAL B	SETWEEN
PAKI I.	DEATH WAS CAUSED BY:  IMMEDIATE CAUSE	(o) Asphy	cia					ONSET AND	DEATH
9/3		10 Hangin	ng						
	dinte rouse (n)	(b)							
stoting the u	inderlying cause								
lost.	ER SIGNIFICANT CONDITIONS CO	(c)	TATAL TOLATION TO LATE	TO THE TEN	100 124221G LAIAII	DITION CIVEN IN DAOT	1/->	19. WAS AU	TODEV
PARI II. UIII	EK SIGNIFICANT CONDITIONS CO	JNIKIBUTING TO I	DEATH BUT NOT KELATEL	J IU INC ICKI	IINAL DISEASE CON	IDITION GIVEN IN PART	1(0)	PERFOR	MED?
2Dg. EXTERNA PRIMARY CAUSE OF DEA	AL CAUSE WAS	20h DESCR	IBE HOW INJURY OCCUP	PRED (Enter no	iture of injury in	Port I or Port II of item	18)	YES	NO [X
PRIMARY A C	or CONTRIBUTING			`			,		
₹ 20c. TIME OF	INJURY Month, Doy, Yeor	2Dd. INJU	g self wit	e. PLACE OF IN	JURY (Hame, form	20f. (City or	town) (C	ounty)	(Stote)
House 30am	r o.m. p.m. 5-4- 196	While of work	Not While of wark 7	foctory, street	t, office bldg., etc.)	d Hyratte	wille M	d	
	rtify that I taak charge	of the remai	ns described abay	e, held an	Autopsy .	Inspection x,	Inquiry .	and in my	v aniniar
	esulted fram; Natara					-	ned manner	7	pina
	// //	1./ 7	1		CHIEF MEDICAL				
SIGNATURE_	She !	1	21	M.D.	ASSISTANT MED	ICAL EXAMINER		22. DAT	re signed
EXAMINER'S	//00//					L EXAMINER			
NAME (Type)	00141 1101100	M.D.	Riverdale, 23c. NAME OF CEMETER	Md.		, city, town, or county)		5-4-6"	
230. BURIAL, CREA REMOVAL (Sp BUTI			Jewish C			23d. LOCATION (C	iv, Isr	1 / /	(Stote)
24. FUNERAL DIR		UI	ADDRESS 35(				2Sb. RFGISTRAR'S		
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		MARYLANI	D STATE DEP	ARTM	ENT OF I	HEALTH		
DIVISION OF	STATISTICAL	RESEARCH /	AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE :	I, MARYLAND
		01	EDTIFICATE	OF	BEATH			and the same

	4		CERTIFICAT	E UF DEATH	1	,	ELFALE I	
1. PLACE OF DEAT a. COUNTY	Н			2. USUAL RESIDENCE	CE (Where decr			e before admission
	E GEORGES		MADVIAND	a. STATE	STRICT	OF COLUM		./
		a limits.	MARYLAND  1 c. LENGTH OF STAY IN 1b					ve nearest towr
	VN (if outside corporate L and give nearest town)					701010 111	10 1101010	
	Air Force Bas		2 days rospital, give street address)	Washi			47 3	e. IS RESIDENCE
			ospital, give street address;	CLAY				ON A FARM?
USAF Hes	spital Andrew	WS		3332 Clau	Street	t NE		YES NO X
3. NAME OF DECEASED	Firs	st	Middle	Last	4. DATE	Month	n Day	y Year
(Type or print)	WILL		JAMES	BANKS JI	OF DEATH	May	7 5	19 67
5. SEX	6. COLOR OR RACE   7	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HR
Male	Negro	WIDOWED		1 Sep 34	9	20	Months Days	Hours   Min.
	TION (Give kind of work do		KIND OF BUSINESS OR	11. BIRTHPLACE (C	Inunty & State	or foreign country)	)   12. CITIZEN	OF WHAT
during most of work	king life, even if retired)	) 11	INDUSTRY				COUNTRY	Y?
Airman	*-	U	JS Air Force	District		ımbia	USZ	A
13. FATHER'S NAM				14. MOTHER'S MAID				
WILLIE J	JAMES BANKS S	SR.		EDNA HEN	RIETTA	BOND		
	EVER IN U.S. ARMED FOR		. SOCIAL SECURITY NO.   17.	INFORMANT		Addres	is	
Yes, no, or unknown)	(11 Jes flite wat of nares of s	5	79-48-6234 EI	DNA H. BANKS	Moth	ner-Same	as iter	m #2
I 18. CAUSE OF	DEATH [Enter only one		line for (a), (b), and (c).]					ERVAL BETWEEN
	EATH WAS CAUSED BY:	C	Cardiac Arrest					SET AND DEATH
	IMMEDIATE CAUSE (a	(a)	ardiac wileso					
4330	DOL II	0						
Conditions, If		(b)						
cause (a), s		0						
underlying cau	se last.	(c)						
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBI	UTING TO DEATH BUT NOT REL	ATED TOTHE TERMINAL I	DISEASE COND	DITIONGIVENING	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
Alachol	- ithdnown I	Se	eizure disorder	r Acute par	ncreati	itis	YI	ES NO
20a. ACCIDENT	withdrawal	1 20b. I	DESCRIBE HOW INJURY OCC				f Item 18.)	litter)
R OR CONTRIBUT	ING CAUSE OF DEATH	H	NA					
	INJURY Month, Day, Ye		INJURY OCCURRED   20e. PL		arm   20f (	(City or town)	(County)	(State)
20c. TIME OF Hour a.		While	fact	tory, street, office bldg., e	etc.)	City of town,	(County)	(3(810)
₩ p.	.m. 19	at work	k at work					
21. I certi	fy that (!) (this hospi	tal) attend	ded the deceased from	3 May , 1	967 to_			hat (!) (we) las
saw the de	eceased alive on 5 1	May 67	19 67 and the	at death occurred at	1138M, fro	om the causes		
22a. SIGNATU		14400			PM		22b. DATE SI	
a comment	. A. 2		010 M		MED. DIRECTOR	STAFF X	6 May	67
22c. PHYSICIA				22d. ADDRESS	D11120.01.			
NAME (T	IRA A. GOU	JLD. C	APT, USAF, MC	USAF Ho:	spital	Andrews,	Andrew	s AFB, D
23a. BURIAL CREM	MATION, 23b. DATE TH		23c. NAME OF CEMETER			CATION (City, to		(State)
REMOVAL (Sp	pecify)	1967	1.1	NETON	do	1.67	THE V	effect.
24. FUNERAL DIR		40/	ADDRESS		C'D BY REGIS	STRAP I 25h BI	EGISTRAR'S SIGN	NATURE
		d						
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VR A15 (4) 20M 1/65

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	Page 4 may be retained by the hospital or attending physicion.	DIRE	ge 3	ed w
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VR A15 (4) 25M 1/67

	0703	5		CERTIF	ICATE.	OF DEATH		, 1		MAR	
	PLACE OF DEATH o. COUNTY Prince	Georges		MAR'	YLAND	2. USUAL RESIDENCE o. STATE Mary land	(Where dec	b. 1	titution: Reside	4	mission)
	b. CITY OR TOWN write RURAL on Chever 1	(If outside corparate limits d give neorest tawn)		c. LENGTH OF STAY		c. CITY OR TOWN (If Lanham.	autside carp	oorote limits, write	RURAL and gi	ve nearest tav	vn)
		TAL OR INSTITUTION (If no Georges Gen				d. STREET ADDRESS 7020 St.	Annee	Arronno			RESIDENCE N A FARM?
3	NAME OF	Fire		Middle		Last	4. DAT		Month	Doy	Year
	DECEASED (Type or print)		ary	Elizabet		Barber	OF DEA	тн М	lav 18.		1967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEI		DATE OF BIRTH	0.4	9. AGE (In year	(y) IF UNDER		JNDER 24 HRS. ours Min.
F	emale	White	WIDOWED -	DIVORCE		oct. 7.7 18	94		rs.	100,5	7013
100 du <b>x</b>	USUAL OCCUPATION	N (Give kind of work done gige, even if retired)		nd of Business or Pustra Home		11. BIRTHPLACE (Coun Washingto				OUSRY?A.	AT
13.	FATHER'S NAME Daniel	Oscar Rey	nolds			Mary Ca		ne Albi	n		
1S. (Ye	WAS DECEASED EV s, no, or unknown)	ER IN U.S. ARMED FOR CES? (If yes give wor or dotes of	service) 2 1 4	OCIAL SECURITY NO. 4 09 1656.		formant is J. Bro	oke		Address #2 (g	grandd	aughte
	PART I. DEA  A/20/ Conditions, if one is to immedio stoting the under last.	te couse (o), arlying couse	(o) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	184	rom	n 000	chiz	ever L		ONSET #	AND DEATH
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT REL	LATED TO TH	E TERMINAL DISEASE C	ONDITION G	GIVEN IN PART 1(d	)		AUTOPSY FORMED?
MEDICAL CERTIFICATION		S UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury i	n Port I or	Port II of item 18	.)		
MEDICA	Hour o.	URY Month, Doy, Yeor m. m. 19	20d. IN While of work	JURY OCCURRED  Not While of work		OF INJURY (Home, fo y, street, office bldg., et		f. (City or town	1) (C	ounty)	(Stote)
	saw the d	ify that (1) this hos eceased alive an M		led the deceased 19 <u>67</u> ,	fram (4)	death accurred o	19 <u>67</u> 112:08	, ta <u>Marr</u> AM, fram caus	ses and an	the date st	l) (we)clast ated abave.
	220. SIGNATURE	sarry (	any	Sory	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. I	DATE SIGNED 5/18/	67
	22c. PHYSICIAN'S NAME (Type		Rosenb	erg/		6501 Lai				ly, Mo	l.
	BURIAL, CREMATI			23c. NAME OF CEM Rest H				LOCATION (City of		(County)	(Stote) Md.
	. FUNERAL DIRECTO	on Funeral C	,	Hagerston	on, Md.	2So. RE	VAY Z	2 1967 2Sb	REGISTRAR'S	SIGNATURE	udge

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FOR STATE HEALTH DEPT. 07036

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	
--------	-------------------	-------------	----	-------	--

	01000				0.611.13
	PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceosed lived, if institut	ion: Residence before odmission)
	o. COUNTY	MARYLAND	o. STATE	b. COUI	
_	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	Maryland	tside corporote limits, write RU	ce George s
	write RURAL and give nearest tawn)				The one give neorest town,
	Cheverly	DOA	Hyattsvil	le	16.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	al, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Prince George General Ho	snital	3715 Kenne	dv Pl	YES NO X
3.	NAME OF First	Middle	Lost	4. DATE Mon	th Doy Year
	OFCEASED (Type or print) Norris	Α.	Downer	OF DEATH 5	2 19 47
_	(Type or print)         Norris           SEX         6. COLOR OR RACE         7. MARRI	ED NEVER MARRIED	Barron 8. DATE OF BIRTH	9. AGE (In years	I IE UNDER 1 YEAR 1 IE UNDER 24 HRS.
	7. 11/1/1/1			lost birthdoy)	Months Doys Hours Min.
	male white WIDOW	Lagarity (MACA)	4-14-1910	57 Yrs.	
		KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or toreign country)	12. CITIZEN OF WHAT
	Upholster, S	elf Employed	Washingt	con, D.C.	U.S.
	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Leonard G. Barron,		Alice	e Norris	
15		16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	288
	es, no, or unknown) (If yes give wor or dotes of service)				
_	No - 5		largaret E.	. wnitmore,	same as Item2
	1B. CAUSE OF DEATH (Enter only one couse per line	for (o), (b), ond (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) He	art failure			ONSET AND DEATH
		teriosclerotic h	eart diseas	e	over 4 yrs.
	Conditions, if ony, which gove ) (b)				
	rise to immediate couse (o), (				
	stoting the underlying couse last. (c)				
		IO TO DEATH OUT NOT DELATED TO	TUE TERMINAL DISEASE CON	IDITION ON THE DADT 14.	19. WAS AUTOPSY
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	PEREORMED?
5					YES NO X
CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Part II of item 18.)	
	CAUSE OF DEATH.				
3	20c. TIME OF INJURY Month, Doy, Yeor 20c	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
MEDICAL			tory, street, office bldg., etc.)		
	p.iii. 1 01	work L at work L			. 🗀
	21. I certify that I taak charge of the		eld an Autapsy,	Inspection X, Inqu	uiry 🔀 , ond in my opinio
	death resulted fram: Natural causes	x, Accident , Suice	ide, Hamicide	, Undetermined m	nanner
	0//1/		CHIEF MEDICAL	EXAMINER	
	SIGNATURE	alle	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
	7.1011	21 12 14	DEPLITY MEDICA	L EXAMINER	F 1 /F
	EXAMINER'S John Kehoe, M.D.	Riverdale, Mo	Address (Street	, city, town, or county)	5-4-67
230	O. BURIAL CREMATION, 23b. DATE THEREOE	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (County) (State)
	REMOVAL(Specify)	. }	ven Cem	Montgomery	County, Md.
2		ADDRESS D.C.			EGISTRAR'S SIGNATURE
H	. Don. DeVol,2222 W	lis. Ave. N.W. W	lash. DATE MA	Y 1 1 1967 &	Charles Inda

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State Department af necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and, the funeral director. Poge 4 should be forwarded to the Chief Medical Exominer's Office olong with form PM3. F TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If Health prior to buriol, cremation, or removol, and in any event within 72 hours ofter death

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FOR STATE HEALTH DEPT. Store Deportment of v delov necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office olong—with farm PMS.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained far your files. Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

- 1	MAKTLAND .	DIAIL	PEPAKIMENI	OF BEALIT		
DIVISION OF VITAL	RECORDS, 30	W. PRE	ESTON STREET,	BALTIMORE,	MARYLAND	21201

07040		MED	ICAL EXAMINER	'S CERTIFICATE	OF DEATH	BA	023	vale ,
1. PLACE OF DEATH					CE (Where deceosed lived,		idence before	e odmission)
o. COUNTY	ince George	ts	MARYLAND	o. STATE Virgini	a	b. COUNTY		
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If outside corporate limits,	write RURAL ond	give neores	it town)
Cheve	nd give nearest town)		DOA	Alexand	ກຳລ		833	
	ITAL OR INSTITUTION (If n	ot in hospitol, o		d. STREET ADDRESS				e. IS RESIDENCE
Prince G	eorge Gener	al Hoe	กร์+ตโ	2500 Van	Dorn Stree	+		ON A FARM? YES NO X
NAME OF		irst	Middle	Lost	4. DATE	Month	Doy	
(Type or print)	Dah	a seek	Keith	Barton	OF DEATH	E	30	1967
. SEX	Rob  6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years IE UNI	DER 1 YEAR	IF UNDER 24 HRS.
	13.5,0 -	WIDOWED	DIVORCED		lost bii	rthdoy) Month	hs Doys	Hours Min.
male	white		NO DE BUSINESS OR	1-22-1936	tote or foreign country)	Yrs.	2. CITIZEN OF	LANGET
	ON (Give kind of work done g life, even if retired)		DUSTRY	II. BIRTHPLACE (S	note or foreign country)		COUNTRY?	
EMPLOYER-	RCA CORP.		A CORPORATIO		T MINNESOTA		INTER	D STATES
3. FATHER'S NAME				14. MOTHER'S MAID				
HERBERT		T.,			TYSLAND			
	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO.	17. INFORMANT	121 12	Address M	ason (	City, Iow
YES	(1,700 g)			MRS. LEULLA	TYSLAND BAR	TON 20	0205	FARDING
18. CAUSE OF D	DEATH (Enter only one co	use per line for	(o), (b), ond (c).)				INT	ERVAL BETWEEN
PART I. OEA	ATH WAS CAUSED BY:	W Tace	eration of br	ain			ON	ISET ANO DEATH
8124	/		ma - auto ac					
Conditions, if on		(b)	and - adoo do	0240110				
rise to immedia		E TO						
stoting the und	erlying couse	(c)						
_	CONTRACTOR CONTRACTOR		TO DELTH DUT HOT DELATED	TO THE TERMINAL BUCKER	CONDITION OF THE CAR	T 1/ 1	110	WAS AUTOPSY
5 PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	1 1(0)		PEREORMED?
3							Y	ES NO X
20g. EXTERNAL C	AUSE WAS	20b. DE	SCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury	y in Port I or Port II of ite	m 18.)		
		F	edestrian st	mick by car				
20c. TIME OF IN	JURY Month, Doy, Yeor	20d. II	NJURY OCCURRED 2 20e.	PLACE OF INJURY (Home,	form, 20f. (City or	town)	(County)	(Stote)
5.01pm P	10	While	Not While	foctory, street, office bldg.,	etc.)	a Princ	a Gen	mae Co
			nains described above					
							-	in my opinio
death resu	Ited from: Notor	al causes	J, Accident [x],	Suicide, Homic		nined monner		
ACTUAL	12/	14	1/		ICAL EXAMINER			22. DATE SIGNED
SIGNATURE	Moh	///	1	M.D.	MEDICAL EXAMINER			LE. SAIL SIGNED
EXAMINER'S NAME (Type)	John Kehoe,	M.D.	Riverdale,	Md . OEPUTY ME	EDICAL EXAMINER (X)	/)		5-31-67
30. BURIAL CREMAT			23c. NAME OF CEMETERY		23d. LOCATION (		(County	
REMOVAL (Specif	M						, ,	, (5.5.5)
BURTAL /	OP	3,1967	WEIGHT HT P	ARK CEMETER	Y MASON	25h PECISTRAE	MA.	P.F.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

07037

### CERTIFICATE OF DEATH

07020

	7 9 0 0					VVVV				
	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE ( o. STATE Maryland	Where deceosed lived, if institu Prince G	tion: Residence before odmission)				
	Prince Geory	ge	MARYLAND							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If or	utside corporote limits, write RL	JRAL ond give neorest town)				
	Riverdale			Edmonston		16.1				
	d. NAME OF HOSPITAL OR IN	ISTITUTION (If not in h	nospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
3	Eugene Lela	nd Memoria	al Hospital	5113 Decat	ur St.,	ON A FARM? YES NO NO				
	NAME OF DECEASED (Type or print)	First Fannie	Middle Lee	lost Barwick	4. DATE Mon OF 5	19 19 67				
			MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-15-86	9. AGE (In years dost birthdoy) yrs.	Months Doys Hours Min.				
10c dur	o. USUAL OCCUPATION (Give ki	nd of work done if retired)	10b. KIND OF BUSINESS OR OWNSTMOME	11. BIRTHPLACE (County Virgin	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13.	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
	Wes	ston Thom	nas Graves	Betty	Hunt Lis					
15. (Ye	. WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes gi	ARMED FORCES? ive wor or dotes of serv	(ce) 215 54 22 45	INFORMANT Daughter & M	Addr Medical Record					
TION	Conditions, if ony, which or rise to immediate cause stating the underlying colost.	(o), DUE TO (c)	CONTROL OF THE BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	STEE SCHOOL NOTION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES   MO				
CERTIFICATION	200. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Mor Hour o.m. p.m.	19	While Not While of work of work	ICE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)				
	21. I certify that (I) (this haspital) attended the deceased fram 4-29-67, 19, fa 5-19-67, 19, that (I) (we) last saw the deceased alive an man (8 196), and that death accurred at 8 M, fram causes and an the date stated above.									
	220. SIGNATURE ALL MALLAN M.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. DATE SIGNED									
	22c. PHYSICIAN'S NAME (Type)		Malin, M.D.		ensbury Rd.,	Riverdale, Md.				
230	D. BURIAL, CREMATION, B. REMOYAL (Specify)	23b. DATE THEREOF			23d. LOCATION (City or To	, , , , , , , , , , , , , , , , , , , ,				
		5/22/67	Ft. Lincol		Colma r Ma					
24	4. FUNERAL DIRECTOR	.1.1. 0	ADDRESS	2So REC	PAREGISTRABG7 25b.	FENTRAR'S AGNATURE				
	rrancis Gas	sch's Sons	Hyatteville Md	DATE	- JUN 1001 //	11 0				

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with the State Department of 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriaf-transit permit. File pages land Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after dea 0

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If only delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page VR A15ME (5)

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

	070	3.8	WEDIC	AL EXAMINER'S	CERTIFICATE	OF DEATH		07001
	LACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived,		ince defere minimission)
1	COUNTY Pri	ince George's		MARYLAND	o. STATE Maryla	nd	b. COUNTY	George's
	. CITY OR TOWN (	If outside corporate limits,	C.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporote limits,	write RURAL and gir	ve neorest town)
1		d.give neorest town)		DOA	Beltsvil	_	16-	-/
	Chever	AL OR INSTITUTION (If not in	hospital give	street oddress)	d. STREET ADDRESS	Tie		e. IS RESIDENCE
								ON A FARM?
		George Genera	1 Hosp		11605 35t			YES NO 1
	NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Doy Year
	Type or print)	Gera		Ray	Bath	DEATH	5	15 19 67
S. :	EX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost bir		Dovs Hours Min.
	nale	MITTLE	WIDOWED	DIVORCED 🔲	11-14-1950	16	Yrs.	
		(Give kind of work done		OF BUSINESS OR	11. BIRTHPLACE (Stote	e or foreign country)		ITIZEN OF WHAT
aug	ng most of working	ille, even it retired)	publi	ic School	Marylan	d	U	OUNTRY A.
	FATHER'S NAME				14. MOTHER'S MAIDEN			
A	Ray 2. Ba	th			Irsi C. H	uskeu		
		R IN U.S. ARMED FORCES? (If yes give wor or dates of se	J6, SOC	AL SECURITY NO. 17.	INFORMANT		Address	
	s, no, or unknown)	A.I.	ervice) yes	Ra	y 2. Bath	11695 35t	le. Marul	and
H		EATH (Enter only one couse	ner line for (a)		1	Beason	e, Harry	INTERVAL BETWEEN
		TH WAS CALISED BY-		1,7,				ONSET AND DEATH
	anil	IMMEDIATE CAUSE (o)	-	g	·			
	Conditions, if ony,	DUE TO						
	rise to immediat	0 (0)						
	stoting the under	, ,						6 - 7 - 7
	lost.	) (c)						
Z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PAR	[ ](o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION								YES NO X
	20o. EXTERNAL CA PRIMARY A or CO	USE WAS	20b. DESCR	BE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of iter	n 1B.)	
	CAUSE OF DEATH.	INTRIBUTING L	Hung	self with ne	cktie in at	tic bedroo	m of home	
MEDICAL		JRY Month, Doy, Yeor	20d. INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or	town) (Co	ounty) (Stote)
ME	Hour o.n	n. 5-15- 19 6'	While of work	Not While k	ctory, street, office bldg., etc ome	same	26 #2	
	21   certify	y that I taak charge o	the remain				Inquiry x	and in my apinion
		ted from: Natural		//	icide 😿 , Hamicide		ined manner	
	000111 103011		00505	Accident, 50	CHIEF MEDICA		illed Illuminer	
	ACTUAL	botas	/ \ 0	1-1		DICAL EXAMINER		22. DATE SIGNED
	SIGNATURE	1000	1		M.D.	CAL EXAMINER 🔀		
	NAME (Type) Jo	ohn Kehoe, M	.D. R	iverdale, Mo	9	et, city, town, or county	)	5-15-67
230	BURIAL CREMATIC			3c. NAME OF CEMETERY OF		23d. LOCATION (C		(County) (Stote)
230	REMOVAL (Specify	) /						
24	FUNERAL DIRECTO	/ May 18,	1967	yeorge Wash	ington Ceme	TORY PEGISTOAD	25h DECISTORDE	SIGNATURE
1 %	glen (	1 4 (// 7/	inter	14)4 yeorala	HILLANIA			
1 0	ather (.	Pumbhrey.	inc.	Silver Snriv	DARK A	V 1 2 1007	Villani	as Verdor.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IL.	Ur	13	11	14	E.
IE/	AL	IN	TI D	E	1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	riting the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	arded to the Chief Medical Examiner's Office along with farm PM3. Page		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of	77 - 7 - 70 - 104 - 17.
ertificate sh	vriting the	warded ta		ed as a bu	and the last
This co	icate, v	be for		d be us	-
TO DEPUTY MEDICAL EXAMINER:	necessary, please execute the certifi	the funeral director. Page 4 should	5 may be retained far yaur files.	TO FUNERAL DIRECTOR: Page 3 should	Handah and a to the state of th

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2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY MARYIAND Prince George's Marvland Prince George's b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hvattsville Riverdale DOA e. IS RESIDENCE ON A EARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO TO 5103 42nd. Avenue Leland Memorial Hospital 4. DATE NAME OF Middle Уеаг Day DECEASED 67 19 (Type or print) William Barrett DEATH IF LINDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED lost birthday) Months Doys Hours WIDOWED ST DIVORCED death 2-6-1887 male white 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY ŝ Maryland A self Nurserman Ē 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Henry G Barrett 15. WAS DECEASED EVER IN U.S. ARMED EORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17 INFORMANT 16. SOCIAL SECURITY NO. Lester A Barrett Mt Rainier, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure DUE TO Arteriosclerotic heart disease unknown Conditions, if any, which gave 1 rise to immediate couse (o). DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO TX 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) PRIMARY CONTRIBUTING C 9 CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work of work 2). I certify that I taok charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Matura couses x Accident Suicide Hamicide Undetermined manner CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 5-13-67 Riverdade, Md. John Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION 23b. DATE THEREOF (Stote) BUT 18 (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. May 16, 1967 75h REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. Johnson Judge

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STREET, SOUTH

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07041		CERTIFICA	ALE OF DEATH		107024		
1.	PLACE OF DEATH a. COUNTY PRince	eorges	MARYLAN	o. STATE		itution: Residence before admission) DUNTY Plines George		
-	b. CITY OR TOWN (If or write RURAL ond giv	itside corporate limits	c. LENGTH OF STAY IN 1b	111117	itside carparate limits, write	RURAL and give nearest town)		
-	Clinton	OR INSTITUTION (If not in ho	senital give street address)	d. STREET ADDRESS	side	l e. IS RESIDENCE		
	Southern	md. Has	spiral, give sincer dudress,	204 WO	odland Tel	ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	Hazel	7 Middle	Bourk		anth Day Year		
S.		1 1	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.		
10 du	a. USUAL OCCUPATION (Gi	ve kind of wark done even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	1 12	& State, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME	sewife		14. MOTHER'S MAIDEN	NAME	/H		
15	WAS DECEASED VER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1e HA	ddress		
(Y	es, no, ar unkna <b>W</b> n) (If y	U.S. ARMED FORCES? res give war or dates af service	e)	Robert H	Beach-S	Ame ASITEM 2		
	IB. CAUSE OF DEATH	(Enter only one couse per VAS CAUSED BY:	line for (a), (b), and (c).)	for and a	here	INTERVAL BETWEEN ONSET AND DEATH		
	331X	IMMEDIATE CAUSE (a)  DUE TO	Constitue	remove	To the state of th	1 3 how.		
	Conditions, if any, wh	ich gave ) (b) (	erebrown	eular a	cciden	1		
	stating the underlyin	g cause DUE TO .	hemlitens	was beleve	r Certal	liser 200a		
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS							
CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I ar Part II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Manth, Day, Year	20d. INJURY OCCURRED While Not While at work at work	PLACE OF INJURY (Home, farm foctary, street, office bldg., etc.)		(County) (State)		
1	21. I certify saw the dece		attended the deceased from		9 67 to -	that (I) (we) los ond an the dote stoted above		
	220. SIGNATURE	heak	Lehenn	ATTENDING TO	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED  5-9-67		
	22c. PHYSICIAN'S NAME (Type)	ALFR	ED RLA	22d. ADDRESS	Canlo	no mil		
23	a. BURIAL, CREMATION, REMOVAD (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or	Town) (Caunty) (State)		
2	Barial  4. EUNEAL DIRECTOR	May 13-19	67 Ham Cen	netery	Lansing,	North Carolina REGISTRAR'S SIGNATURE		
1	CAMANIA AND	03. 1661-Go	od Hope Rd SE			Melantes Under		
	- money sale will	CIDMMIT TO THE CO	Ou sope it of	WHEN DIE	THE TABLE	THE PARTY OF THE P		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by

VR A15 (4 25M 1/67

I the season that the season bear weeking

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07042

#### CERTIFICATE OF DEATH

08521

									V	- L L J Inc	
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed	lived, if institution	on: Residence b	efore odm	ission)
		ince George	S	MARY	LAND	o. STATE Maryl	and	D. COUN	P.G.		
	b. CITY OR TOWN	(If outside corporate limit of give nearest town)	rs,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	outside corporote	limits, write RUR	AL ond give ne	orest town	1)
		rdale		36 days		Laure	1			16.1	/
	d. NAME OF HOSPI	TAL DR INSTITUTION (If n	ot in hospitol,			d. STREET ADDRESS				e. IS R	RESIDENCE A FARM?
L	Eugene	e Leland Me	morial			1017	Ward St	•		YES [	
3.	NAME OF DECEASED (Type or print)	Leonar	irst d	Middle G L Y		Bedwell	4. DATE OF DEATH	Month May	2	Doy 8	Year 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. /	AGE (In years	IF UNDER 1 YE.		IDER 24 HRS.
	Male	White	WIDOWED	DIVORCED		5-23-03		lost birthdoy)	Months Do	ys Hou	ers Min.
du F	ring most of working lace Horse	N (Give kind of work done life, even if retired) Trainer	10b. K	IND OF BUSINESS OR NOUSTRY	TABL		elorode	gn country)	12. CITIZEI COUNT	N OF WHA	5.A.
13	Harry G	. Bedwell				14. MOTHER'S MAIDEN  Letta	L.,Clar	k			
15 (Y	. WAS DECEASED EV	(If yes give wor or dotes	of sancical	SOCIAL SECURITY NO. 13-16-2926		nformant nespital re	cerds	Addre	SS		
	1B. CAUSE OF D PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).)	OM	ATOSES				INTERVAL ONSET AN	
	Conditions, if ony rise to immediostoting the under	te couse (o),	(b)	ADENO CO	ARC!	NOMA	of C	COLON		1 4	R
	PART II OTHER S	IGNIFICANT CONDITIONS (	(c)	TO DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)		19. WAS A	AUTOPSY
CERTIFICATION							100.7	``		PERFC YES	RMED?
		S UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY O	CCURRED. (	Enter noture of injury in	Port I or Port II	l of item 1B.)			
MEDICAL	Hour'o.	URY Month, Doy, Yeor m. 19	20d. I While by wo			E OF INJURY (Home, for ory, street, office bldg., etc	:.)	(City or town)	(County	)	(Stote)
		i <b>fy</b> that (I) (this has eceased alive an <u>'</u>	spital) atten	ded the deceased	fram and that	death accurred a	19 67, ta	from causes of	, 19 <u>67</u> and on the	that (I) date sta	) (we) las ted abave
-	220. SIGNATURE	C.).+	form	www.	M.D	111131	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	SIGNED 28	.67
	22c. PHYSICIAN'S NAME (Type		HOUM	EANN		22d. ADDRESS	RIVE	RDALE	M	D,	
$\Gamma \gamma$	o. BURHAL, CREMATI REMOVAL (Specify	THE	EREOF	23c. NAME OF CEME	TERYJOR	I, Cem.	K	JION (City or Tow	1 P 6	unty)	(Stote)
2	FUNERAL DIDE AC	Range	donn	ADDRESS	M	2SO REG DATE	1 5 19	67 gol	GISTRAR'S SIGNI	ATURE	6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remaye carban papers. Pages Jandy shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 haurs ofter Seath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

> VR A15 (4) 15M 4-64

3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	<b>*</b>							300	V	4 W (4)	) Alle
1. PLACE OF DEATH a. COUNTY					USUAL RESIDENCE a. STATE	CE (Where				before adn	mission)
Prince	George		MARYLAN		Maryla	nd		b. COUNT	Geo.		
b. CITY OR TOWN	(If outside corpora	te limits,	c. LENGTH OF STAY IN	1b c. C	ITY OR TOWN (If	f outside c	orporate li	nits, write	RURAL and gl	ve nearest	town)
Chever	and give nearest tow	m)	4 days		Upper	Marl	boro		10	6-1	
d. NAME OF HOS	PITAL OR INSTITUTIO	N (If not In h	ospital, give street addr	ess) d. S	TREET ADDRESS					e. IS RESI	DENCE ARM?
Prince	Geo. Ge	n. Hos	sp.		Rt.2 -			- Bo		ES [ ]	No 🔀
3. NAME OF DECEASED		rst	Middle	160	Last	4. OAT	E	Month	Day		
(Type or print)	S	ena	M •		indig	DEA	TH	May	17	19 6	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. OA	TE OF BIRTH		9. AGE (Ir	years IF	UNDER 1 YEAR lonths   Days	Hours	24 HRS
Female	White	WIOOWED	DIVORCED [		/17/189		70	yrs.			1611110
10a. USUAL OCCUPATI during most of working	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR NOUSTRY	11.	BIRTHPLACE (C	County & Sta	te, or foreign	country)	12. CITIZEN COUNTRY	OF WHAT	
	t Office		Retired		Utah				U.S		
13. FATHER'S NAME				14.	MOTHER'S MAI	OEN NAME					
Peter 1	Thompson				Maria	Pete	rson				
15. WAS OECEASED E	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Address	107-M	arie	
No	nee!		21-03-8757	Mrs.	Martha	E. K	ruege	er- I	Blvd.,	Manks	ato
	DEATH [Enter only on	e cause per l	Ine for (a), (b), and (c).]	(Sis	ter-in-	-law)		Min		ERVAL BET	
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	: IN	TRA CERES	BRAL	HEM	ORF	YAG	F.	2	al a	S
330	Y										
Conditions, If a	DOE	10	erebrue.	Drife	10000	2180	13				
gave rise to	Immediate /	(6)	i workers	/ \ . / -						TEN	
cause (a), st									0.0		
- Annual Control of the Control of t		(c)	UTING TO DEATH BUT NOT	RELATED T	O THE TERMINAL	OISEASE CO	ONOITIONG	IVEN IN PA	ART 1(a) 19.	WAS AUT	TOPSY
TA THE	idiiii idiaii donoiii	0110 001111110	oring to beam borner	WEDVIED I	o me remina	O TO LE TOLE O				PERFORM	MED?
E ACCIDENT	WAS UNDERLYING	20b.	OESCRIBE HOW INJURY	OCCUPREO	(Enter nature o	of Indigent In	Port Lor F	Part II of		ES 1	NO [
PART II. OTHER S  20a. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT	NG CAUSE OF DEA	TH ZOO.	DESCRIBE HOW INJURY	OCCURRED	Citter liature o	or injury in	raitioti	art II or	116111 10.)		
			NUIDY COOLIDED TO	DI AGE OF	INITIDY diama 4	100 Laure	/Olby or	lawa)	(County)	/0-	tate)
ZOC. TIME OF I Hour a.m p.m	NJURY Month, Oay,	Year 20d. I	NJURY OCCURRED 20e	factory, str	eet, office bldg.,	etc.)	(City or	LUWII)	(County)	(3)	tato)
	1. 19	at wor	k at work								
21. I certify	y that (I) (this hos	pital) attend	ed the deceased from	n 3-	14 - , 1	1967, t	0 5-	17-	, 1967, t	hat (I) (w	e) las
saw the dec	eased alive on	may 1	7 19 6 2 , and	that deat	th occurred at:	2.30 M,	from the				above
222 SIGNATUR	IE O	- M	10		TENOINA.	MED	- STAI		22b. OATE SI		
Daycen	rens. N	uller	my	M.O. PI	TENOING YS.	MED. OIRECTOR			5-18	-67	
22c. PHYSICIA NAME (Ty	N'S pe)			2	2d. AODRESS						
										(0)	1-1
23a. BURIAL, CREM. REMOVAL (Spe	ATION, 23b. OATE	,	23c. NAME OF CEMI				_	6	n or county)	,	ate)
REMOVAL (Spe Buria		67	Fort Lin	coln					or, Md		
24. FUNERAL OIRE	CTOR Nalle	18	AOORESS	Raini	er 25a. RE	IAY 2	1967		listrar's sign		
Funeral	Home Inc		Maryland	2	DATE W	made	וטטו א	1	- Carlo	mos	No.

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page the retained by the hospital or attending physician.

TO FUNERAL DETOR: After this certificate has been signed by the attending physician and completely have not by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND
CENTIFICATE OF DEATH	حدیث کا مطعم

-	07444	CERTIFICA	E OI DEATH	U	U20
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If institutions Re	sidence before admission)
	a. COUNTY C	=0.56	e. STATE	b. COUNTY:	- G
	b. CITY OR TOWN (if outside corporale limits,	LENGTH OF STAY IN 16	CITY OF TOWN (If outside a	corporate limits, write RURAL end	ce george
	write RURAL and give nearest town)	C. LENGTH OF STAT IN IB	e. Citi ok town (ii odisde e	: /	give modiest lowill
	Cheverly	1 9 days	Marlow	Hats,	16.1
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	rospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Prince Georges	Jen. HOSP.	5948 2311	Pl	YES NO DE
3.	NAME OF First	Middle	Lest 4. DAT	E Month	Day Yeer
	(Type or print)		R' DEA	TU AA.	21 10/7
1-	/ / / / /	<u> </u>	DIVENZI	11144	2/ 19 6 /
3.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years) IF UNDER 1 \( \text{Months} \) Months   D	YEAR IF UNDER 24 HRS.
	- WIDON	WED DIVORCED	12-21-19	87 yrs.	7,5
10		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele,	or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
0	one during most of working life, even if retired)  HOUSE WIFE		MARYLAND	1	1, S. A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7	
	f .		5 11	Thomas	
10	George Bore	1655	Matilda	. INOMAS	1. 77.
	es, no, or unkown) (Ifyes give war or detectors es, no, or unkown)	6. SOCIAL SECURITY NO. 17. I	NFORMANT CATherine	eA. Downs SA	me As Ilamo
	-		1		1
	18. CAUSE OF DEATH [Enter only one cause pe	or line for (e), (b), end (c).]	1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Certine As	rect		ONSEL AND DEATH
		24 - 00	1	0.0407 - 1000	- Maco
	a the second	a lu	i 1 + 11	11. 11	6. 11
	Conditions, if eny, which (b)	or and all	year promo and	rand.	(1) (1) (1) (1)
	(e), steting the underlying DUE TO				
	cause lest. (c)	July sely	me generalized		1 year
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(e) 19 WAS AUTOPSY PERFORMED?
F					YES NO IX
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING []   20b. D	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pe	ort II of item 18.)	
ER	OR CONTRIBUTING CAUSE OF DEATH				
			ST OF BUILDING	C1	15
DICAL			CE OF INJURY (Home, farm, 20f. ( ory, street, office bldg., etc.)	City or town) (Coun	ty) (Stete)
MEDI	p.m. 19 at w	vork at work			
	21. I certify that (I) (this hospital) atte	ended the deceased from	196ke 1000	to 5/21 190	that (I) (we) last
	saw the deceased alive on		death occured at MM, fr		
	22e. SIGNATURE				22b. DATE
	A NOW		ATTENDING 7 MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED SIGNED
	22c. PHYSICIAN'S	M	DIRECTOR		11/4 71-67
1	NAME (Type) Dr. Leon R.	Lorrit alere		7 1 M+ 1	Rainier Md.
-			3408-Rhode Is		
23	REMOYAL (Specify)	23c. NAME OF CEMETERY		OCATION (City, town or county	(State)
	Burial May 24-1967	Cedar Hill Ce	emetery	Suitland, Mary	yland
21	THINERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D BY REC	GISTRAR 256. REGISTRAR'S S	
15	Simmone Bros -1661-Good He	ope Rd SE Wash	DC MAY 23	1967 Charles	Judge
0.00	TIMINO(12 DI US.	TICK THE TRANSIT	20		1-0

E ALL OF C MESSAGENT Coorge Simlers Catherine & Bound Same do I Thomas A. 7-15 balle AND THE RESERVE OF THE PROPERTY OF THE PROPERT The Annual Control of the Control of

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

em #24	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	nz

11114	,					01 00.		U4	120	
1. PLACE OF DEATH					USUAL RESIDENCE	(Where dec			ce before odm	ission)
o. COUNTY	nce George	c	MARYL	AND	o. STATE	t. Of	Columbia	JNIY		
b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY IN		. CITY OR TOWN (If			URAL ond give	neorest town	1)
	nd give nearest tawn)				Washingt	on		117.	2	
d NAME OF HOSP	ITAL OR INSTITUTION (IF I	not in hospital	nive street oddress)		STREET ADDRESS	,011		7/	l e IS R	ESIDENCE
		ior in troupinon,	g., o 3,, out out, out,			0.1	37 33		The second second	A FARM?
1711 62n			20111		501 60th.				YES [	NO X
3. NAME OF DECEASED		irst	Middle		Lost	4. DAT	E Mo	nth	Doy	Year
(Type or print)	Freder		William		ackford	DEA		)		19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	Dovs Hou	DER 24 HRS.
male	negro	WIDOWED	DIVORCED	0 6-	12-1936		30 yrs.		100	, min.
Oo, USUAL OCCUPATION	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Sto	nte or foreign	country)		IZEN OF WHA	1
CHAUF	g life, even if retired)	REN	TAL CAR CO.					(0)	UNTRY?	
13. FATHER'S NAME					4. MOTHER'S MAIDE	N NAME				
HOWARD	M. BLACKFOR	RD			ESTELLE	P. Co	RAN			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES	2 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			ress		
(Yes, no, or unknown	(If yes give wor or dotes	of service)		Mac	DOROTHY	Ri Aci	FORD 501	60-11	C- NI I	-
UNKNOWN	APARIL /5			INHS.	DOROTHY	DLAGE	TORD JUI	OUTH		
	DEATH (Enter only one co ATH WAS CAUSED 89:								INTERVAL ONSET AN	
2 77 4	IMMEDIATE CAUSE	(o) Gun	shot wound	of ch	est					
976	DU	E 10								
	y, which gove	(b)								
rise to immedia		E 10								
last.	)	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE (	CONDITION G	IVEN IN PART I(o)		19. WAS A	
2Do. EXTERNAL (PRIMARY ALO)									PERFC YES	RMED?
2Do. EXTERNAL	CAUSE WAS	1 20h DE	SCRIBE HOW INJURY OCC	TIPPED /En	ter noture of injury	in Port Lor	Post II of itom 19 )		715	NO L
PRIMARY A or C	ONTRIBUTING			`	iei notore of injury	III FOII I OI	roll if of near 16.)			
			t self in c					10		12
20c. TIME OF IN	JURY Month, Doy, Yeor			20e. PLACE	OF INJURY (Home, fo	orm, 201		(Cou	inty)	(Stote)
₹ 12:15	o.m. 5-7- 19	67 of wor	k Not While	1711	street, office bldg., e 62nd . Av	e. Cl	neverly,	Maryla	nd	
21. I certi	ify that I taak charg							uiry 🛣		ny opinion
		al causes [		Suicide	_ ' '		Undetermined		1	
	1	10/			CHIEF MEDIC	,				
ACTUAL	1/str.	19	0 Kgp		M.D. ASSISTANT M				22. D/	ATE SIGNED
	1	1/1	XVV		DEPUTY MED				r d	10
NAME (Type)	John Kehoe,	M.D.	Riverdale,	Md.			vn, or county)		5-8-	57
23o. BURIAL CREMAT	ION 23b. DATE TH	HEREOF	23c. NAME OF CEMET	FRY OR CPE			LOCATION (City or 1	own)	(County)	(Stote)
REMOVAL Speci			LINCOLN N							(21016)
24. FUNERAL DIRECT	/	1	ADDRESS					OECICEDAD'S SI	CALATILLA	
		2027		NT 177	Z50. K	AY TEG	1967 2Sb.	Clian	as Jus	-
U Dyson I	Funeral Home	3015	12th St.,	N.E.	DATE		1001		0 1	7

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Funeral Directors. necessary, please execute the certificate, writing the word "pending" VR A15ME 6M 1/67

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with farm PM3. Pag

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

in pencil in Item 18. Give Pages 1, 2, and 3

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crafter a price

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COTHE . SEAL LE L

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CHALLEGE BENTAL CAN DO.

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and January Margaretta 201 60 pt 55, 3.6.

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John West at 1.1. Liver ath, Id.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS PRESTON STREET, BALTIMORE, MARYLAND 21201

07046	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	ดูตสาก
DEPT. 1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased	
	nge's MARYLAND	New Mexico	
b. CITY OR TOWN (II outside corparate limits, write RURAL and give mearest tawn)		1 1	imits, write RURAL and give nearest tawn)
Cheverly	DOA	HMOgorda d. STREET ADDRES	e. IS RES
19 10 .	C 11 1	1616 GeFFerson	I DN A
3. NAME OF GRONGE		Last 4 DATE	Manth Day Y
DECEASED (Type or print)	in H.	Boren OF DEATH	5 17 19
5. SEX 6. CDLDR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years   IF UNDER   YEAR   IF UND ast birthday)   Months   Days   Hours
male white		20 May 1910 5	-6 yrs.
10a, USUAL OCCUPATION (Give kind of work done during most of pringalite, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY ALA FORCE	11. BIRTHPLACE (State or foreign count	(DUNTRY?S
13. FATHER'S NAME	U.S. HIN FONCE	14. MDTHER'S MAIDEN NAME	010,19
ISALES HAME	INWA/	INK NOW	/
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY ND. 17.	INFORMANT	Address
(Yes, no, ar unknown) (II yes give war or dates of	IN UNKNOWN	RECORDS ANDR	EWAIR FORCE
PART I. DEATH WAS CAUSED BY:	e per line far (o), (b), and (c).)	dool	INTERVAL B ONSET AND
IMMEDIATE CAUSE (	10) Acute Coronario Arterio Scleroti	y Occlusion	Se UNKNO
Conditions, if any, which gave	10 Apterio Scieroti	& Heart Visea	Se dimens
rise to immediate cause (o), Storing the underlying cause	IO		
last.	(c)		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AU PERFOR
CATI			YES 🕡
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY DCCURRED.	. (Enter nature al injury in Part I ar Part II	al item 18.)
20c. TIME DF INJURY Manth, Day, Year Haur o.m.		ACE DF INJURY (Hame, farm, 20f. (Cory, street, aflice bldg., etc.)	City ar tawn) (County)
p.m. 17	at wark at wark		
	of the remains described above, h		Inquiry and in m
dedili lesolled lidva Morbidi	r conses [4, Accordin [4, 301	CHIEF MEDICAL EXAMINER	]
ACTUAL SIGNATURE	Nely	M.D. ASSISTANT MEDICAL EXAMINER	22. DAT
EXAMINER'S	m 0 P : 11	DEPUTY MEDICAL EXAMINER	5-10
NAME (Type) oh Kehoe	REDE TOSC NAME DE CEMETERY OR		(County) (County)

VR A15ME (5)

2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE DN A FARM? YES ND

Hours

INTERVAL BETWEEN ONSET AND DEATH UNKNOW1.

> 19. WAS AUTOPSY PERFORMED? -ND

and in my apinian

22. DATE SIGNED

(State)

1967 IF UNDER 24 HRS

0	200	0		7
9.8		8.3	21	1
V 7	-	6.0	-	-

#### CEDTIFICATE OF DEATH

0404		CLKIIIICA	IL OI DEATH		03020
PLACE OF DEA     O. COUNTY		MARYLAND	a. STATE	b. (0	rution: Residence befare admission) UNTY
b CITY OF TON	Georges VN (If outside corporate limi		THE PART A TOTAL	outside carporate limits, write F	ince Georges
write RURAL	and give nearest tawn)			autside carporate ilmits, write	KUKAL and give hedrest tawn)
Cheverl	y	2hrs.14 min		e	16-1
		nat in haspital, give street address;	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		eral Hospital		erdale Rd.	
3. NAME OF DECEASED (Type or print)		First Middle  Baby Girl	Lost	4. DATE Mo OF DEATH May	Doy Year 28 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years"	IF UNDER 1 AR IF UNDER 24 HRS.
Female	White	WIDOWED DIVORCED	May 28.	1967 last birthday)	Manths Doys Hours Min.
10a. USUAL OCCUPA	TION (Give kind of wark dane king life, even if retired)			y & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	AE .		14. MOTHER'S MAIDEN		
	Borras			Ann Sparrough	
15. WAS DECEASED	DEVER IN U.S. ARMED FORCES?	? 16. SOCIAL SECURITY NO.	17. INFORMANT	Ad	dress
(165, 110, 01 01111101	wii) (ii yes give wai oi dales	or service)			
18 CAUSE O	F DFATH (Enter only one co	ouse per line far (a), (b), and (c).)		<del></del>	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	(A and a) as	Λ		ONSET AND DEATH
0/	1 C IMMEDIATE CAUSE				
Candidan it		E 10	1		
	any, which gave ) diate cause (ο),	(p) when have	1		
	inderlying cause Dul	E TO			511.5
last.	)	(c)	<u> </u>		
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I ar Part II of item 18.)	
ZDc. TIME OF	INJURY Month, Day, Year a.m.	While - Not While -	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(Caunty) (State)
		spital) attended the deceased from	May 28,	1967 to May 2	18 , 1967 , that (I) (Next) las
	e deceased glive an	May 28 / 1967 and	that deoth occurred o	11:30PM, from couse	s and on the date stated obove
22o. SIGNAT	URE SO You	Buel Sul	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 5 / 29 / 6 7
22c. PHYSICI NAME (1		Buell, M. D.	22d. ADDRESS 8116 Gorr	man Ave. Laure	1, Maryland
23a. BURIAL, CREA REMOVAL(Sp	MATION, 23b. DATE TH			23d. LOCATION (City or	Town) (County) (State)
REMOVAL (So Cremo 1 24. FUNDA DIR	ecity) 6/10/		e's Gen. Hos		PG Marylan
24. FUNERAL DIR	ECTOR And	Admin., Cheverly,	Manual 250 RES	P BY REGISTRAR 67 25b	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please can be carbon papers. Pages L-and should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours affer death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0707.0

Hyattsville, Maryland

Decided   Deci	060	30			, , , , , , , , , , , , , , , , , , ,				1			
CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  Hyattsville  Land (in custade copporate limits)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  White; Plains  C. CITY OR TOWN (if custade copporate limits, write RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits, write RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits)  D. NOTE of the RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits)  D. NOTE of the RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits)  D. NOTE of the RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits)  D. NOTE of the RURAL and give neorest town)  Vol. A RURAL SET OR TOWN (if custade copporate limits)  D. NOTE of the RURAL And the RURAL Custade limits of the RURA		ATH			2. USUAL	RESIDENCE (	Where de	ceased lived, if institu	tion Peside	nce befor	e admissio	an
b. CITY OR TOWN (If outside copporate limits, write RURAL and give neorest fown)  Hyztsville  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Sacred Heart Home, 5805 Queens Chapel Road  d. SREET ADDRESS  DEVA FARKET  SECRED HEART HOME, 5805 Queens Chapel Road  SO. NORTH Broadway  First  Middle  Lost  A. DAIR Month  Doy Year  PORTH  May  2.1 16 67  SEV  B. COLOR OR RACE  F. FERBLE  White  WHOOWED TO DIVORCED  January 1, 1885  B. DAIR OF BIRTH  COUNTRY?  United States  1. MASTECLARION (Give kind of work done functionally and for the following life year itertual for DUS FIVE OWN INJUSTRY  OWN Home  To UNINERY MADDER NAME  John Barrett  1. MOTHERS NAME  John Barrett  S. WAS DECEASED DIVER IN U.S. ARMED FORCES?  (Yes, no. cunknown) lift set give were or dates of service  (Out — 05—4915  Sacred Heart Home, Hyattsville, Maryland  Inference of the following one course par life Gro() (Boy Country)  DUI TO COnditions, if ony, which gove interior in the following the question of the following the question of the following one course par life Gro() (Boy Country)  PART IL OTHER SIGNIFIKANI CONDITIONS CONTRIBUTIONS C	o. COUNTY	Prince Geo	rge	MARYLAN	ID 0. SIAII	Wew	Yor	k	Fa	l'a.	X	36.5
A MANE OF HOSPITAL OR INSTITUTION (final in hospital, give street address)  A STREET ADDRESS  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Final Middle  Eva Fdelis Brady  Female White Whoth White Whoth Green Fred Willower Divorces Divorc	b. CITY OR TO	)WN (If outside cornorate limit		c. LENGTH OF STAY IN 18	c. CITY OR	TOWN (If or	utside corp	oorate limits, write RU	IRAL ond gir	e neores	t town)	
d. STREET ADDRESS  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Chapel Road  50 North Broadway  Fint Middle  Sacred Heart Home, 5805 Queens Graph  Fint Middle  Sacred Heart Home, 5805 Queens Graph  Sacred Heart Home, 6805 Queens Graph  Graph Graph  Graph Graph  Graph Graph  Graph Graph  Graph  Graph Graph  Graph  Graph Graph  Gr	write RUR	AL and give nearest town)  Hvattsvil	e	11 mo. 6 da	vs	White	nPla	ins		9.3		
Sacred Heart Home, 5805 Queens Chapel Road   SU.North Broadway   Yes   No   North Broadway   Yes   No   Yes   North Broadway   Yes   No   Yes   North Broadway   North Broadway   Yes   North Broadway	d. NAME OF H					ADDRESS				T	e. IS RESII	DENCE
Decided   Deci	Sacred I	Heart Home, 580	)5 Quee	ns Chapel Ro	oad	50 No	rth	Broadway	y		YES	NO X
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years birthdoy)   NOW   N	3. NAME OF	Fi	rst	Middle	Las	t		TE Mar	ith	Doy	Ye	ar
Pemale White Widower Divorced January 1, 1885 82 yrs.  Doc. ISUAL OCCUPATION (Give kind of work done unique most of working like even it returned for working like even it like the mediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to immediate cause (o). Standing the underlying couse like to the like even and the decision of the terminate disease (on th		,	ra.	Fideli								
DIO. ISUAL DECUPATION (Give kind vowck done during most of work done during most of working life veen if entered furing most of working life veen if entered to work in the part of the form of working life veen if entered to work in the part of the form of working life veen if entered to work in the part of the form of working life veen in entered to work in the part of th	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF E	BIRTH						
John Barrett    S. WAS DECEASED EVER NUS. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   New York, N.Y.   New York	Female	e White	WIDOWED	DIVORCED [	January	1, 1	885		Molititis	Days	110013	79101.
13. FAIHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED VER MO. OF LANGE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse per live for (o), (b) ond (c).   18. CAUSE OF DEATH (Enter only one couse (o), 18. CAUSE (o)   18. CAUSE (o	10a. USUAL OCCUP	PATION (Give kind of work done			11. BIRTHI	PLACE (County	& Stote, o	r fareign country)				3,1
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address	during most of we	housewife	114	own Home	New	York,	N.Y					tes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or doles of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT	13. FATHER'S NA	AME		174	14. MOTHE	R'S MAIDEN	NAME		1100	De la		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   Ves. no. or unknown)   (if yes give wor or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. Sacred Heart Home, Hyattsville, Maryland		John Barret	t				INe	ltier Anger	rs			
B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE 10	1S. WAS DECEAS	ED EVER IN U.S. ARMED FORCES?	16.	OCIAL SECURITY NO.	17. INFORMANT	COLUMN TO SERVICE STATE OF THE						
IB. CAUSE OF DEATH (Enter only one cause per large for (o), (b) ord (c).   IMMEDIATE CAUSE (a)   IMMEDIATE CAUSE (b).   Storing the underlying cause last.   DUE TO   LOCAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED. YES NO YES NO YE	no, or unkno	own) (It yes give war or dates o	O4	4-05-4915	Sacred F	eart.	Home	. Hvattsv	111e.	Mam	rland	1
PART 1. DEATH WÁS CAUSED BY:    IMMEDIATE CAUSE (a)   DUE TO   DUE TO	IB CAUSE	OF DEATH (Enter anly one cau					7	0				
Conditions, if ony, which gave rise ta immediate cause (o), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO PERF		I. DEATH WAS CAUSED BY:	1/1	will CV	monara	Erm	1) 1	ulle	2/10-	ON	SET AND I	HTASC
Conditions, if ony, which gave rise to immediate cause (o), storting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.  20a. ACCIDENT WAS UNDERLYING COURRED HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year Hour o.m.  19 atwark Not While Not While Not While of work of the deceased from Performed of the deceased of the deceas	42	01		. (1)	1 -	11		0 .1	17 11			
DUE TO SCUPLE State to immediate cause (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  YES NO PERFOR		DOL	10/19	must the	aday-	Vino	But	12181	tore			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED? YES NO PERFORM	rise ta im m	rediate cause (o),	TOSA	12 0000	7,0-7	1900	,,,,,	11.10	.,,,,			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  OR CONTRIBUTING CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year Hour o.m.  p.m.  19 and while at work of the deceased from foctory, street, office bidg., etc.)  21. I certify that (I) (this haspital) attended the deceased from foctory, street, office bidg., etc.)  22c. PHYSICIAN'S Robert C. Haile  23c. BURIAL, CREMATION, REMOVAL (Sperify)  St. Peters  Danbury.  6 contributing To DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO  19. WAS AUTOPSY PERFORMED?  YES SON  NO  19. WAS AUTOPSY PER		underlying couse	sull	noen								
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter IB.)   20c. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)		HED CICALEICANT CONDITIONS C	ONTRIBUTING 1	O DEATH DIT MOT DELATER	D TO THE TERMINAL	DISEASE CO.	AIDITION (	CIVEN IN DADT 1(a)		110	ITIIA 2AW	OPSY
21. I certify that (I) (this haspital) attended the deceased fram 6 / 6 / 19 / 10 / 10 / 10 / 10 / 10 / 10 / 10	S PAKI II. UII	TEK SIGNIFICANT CONDITIONS C	UNIKIDUTING	O DEATH BUT NOT KELATEL	D TO THE TERMINA	DISEASE CO.	MUIIIUM	SIVEN IN PART I(0)			PERFORM	NED?
21. I certify that (I) (this haspital) attended the deceased fram 6 / 6 / 19 / 1, to 3 / 2, that (I) (we) to saw the deceased alive an 19 / 2, and that death accurred at M, fram causes and an the date stated above 22a. SIGNATURE  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Robert C. Haile  23b. Date Thereof  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town) (Caunty) (State)  23d. Darbury. Gennecticut	<u> </u>	Thurs III Park III III II	I cou pr	COURT HOW WHILE OCCU	DDED /F	1111	D 4 1	D + H - ( % - 1D )			p	NO E
21. I certify that (I) (this haspital) attended the deceased fram 6 / 6 / 19 / 10 / 10 / 10 / 10 / 10 / 10 / 10	OR CONTRIB		205. DE	SCRIBE HOW INJURY OCCUI	KKED. (Enter noture	at injury in	Part I ar	Part II of Ifem IB.)				
21. I certify that (I) (this haspital) attended the deceased fram 6 / 6 / 19 / 10 / 10 / 10 / 10 / 10 / 10 / 10	(IF EITHER, N											10 1
21. I certify that (I) (this haspital) attended the deceased fram 6 / 6 / 19 / 1, to 3 / 2, that (I) (we) to saw the deceased alive an 19 / 2, and that death accurred at M, fram causes and an the date stated above 22a. SIGNATURE  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Robert C. Haile  23b. Date Thereof  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town) (Caunty) (State)  23d. Darbury. Gennecticut	20c. TIME C							t. (City or town)	(Co	ounty)		(Stote)
22a. SIGNATURE ACULE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DATE SIGNED 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Robert C. Haile 22d. ADDRESS A VG VV WASH WE 22d. ADDRESS ACCOUNTY (State) PHYS. Darbury. Gennecticut	×	10	at war	at wark	11.0	1	-	7		(5)		
22a. SIGNATURE ACULE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DATE SIGNED 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Robert C. Haile 22d. ADDRESS A VG VV AVG VV Wash ACC.  23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-25-67  St. Peters Danbury. Gennecticut			pital) atten			16/0	1966	, to 5 - 20	, 19	-	1.1	
22c. PHYSICIAN'S Robert C. Haile  22d. ADDRESS AVE VU Wash DECEMBER OF CEMETERY OR CREMATORY  23d. BURIAL, CREMATION, REMOVAL (Sparify) Burial  23d. Dare Thereof St. Peters  23d. LOCATION (City or Town) (County) (State) Danbury. Gennecticut			13 de	)/1966, and	that death a	curred at	9.4	M, fram causes	and an	the dat	e stated	d abav
NAME (Type) Robert C. Haile  35 N 9 A V 6 V 6 V 6 V 6 V 6 V 7 V 6 V 7 V 7 V 7	22a. SIGNA	ATURE Paletil	0	Haile		NG		R STAFF PHYS.	☐ 22b.	DATE SIGN	ED -4	7
Burial 5-25-67 St. Peters Danbury, Gennecticut		CIAN'S Robert C	. Hail		22d. 1 35	DDRESS	A	IGUL	Wa	5/4	w	0
Burial 5-25-67 St. Peters Danbury. Gennecticut			EREOF	23c. NAME OF CEMETER	Y OR CREMATORY	-/	23d.	LOCATION (City or To	own)	(County	) (5	tate)
			57	St. Pe	eters		1 _				,	
GASCUIS 4739 Baltimore Ave.	24. FUNERAL DI	IRECTOR		ADDRESS		250/ AFY					W 200 B	

DATE

VR A15 (4) 20 M 1/66

GASCH'S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 70 haurs after death.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

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		Manual Age	2 - 1 Andrew
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			Milder Broaten U. Hall
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07049 CERTIFI	CATE OF DEATH 070	030
	1. PLACE OF DEATH o. COUNTY  Prince George's MARYL		Georges
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN Cheverly, Ind.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Carrollton	neorest town)
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince Georges General Hospital	d. STREET ADDRESS 5814 Lamont Drive	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF Filippa, Maria Eugenia DiGrego (Type or print)	orio Brancato de DATE Month OF DEATH May	Doy Year 5, 19 67.
	S. SEX female 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED DIVORCED	lost birthdoy) Months	YEAR IF UNDER 24 HR Doys Hours Min
	100. USUAL OCCUPATION (Give kind of work done during most of workion life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (County & Stote, or foreign country) Palermo, Itlay	IZEN OF WHAT
	13. FATHER'S NAME Pasquale DiGregorio	14. MOTHER'S MAIDEN NAME Ignazia Buscemi	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Settimo E Brancato Carrollton, M	ld.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	al pyoneghavis	INTERVAL BETWEEN ONSET AND DEATH
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (NOT RELATED TO DEATH BUT (NOT R	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Yeor While Of Work Otwork of two of work of two	factory, street, office bldg., etc.)	inty) (State)
	21 I certify that (1) (this hospital) attended the deceased f	and that death accurred at 4. 5 M, from causes and an th	T, that (1) (we) ne date stated about SIGNED
	23o. BURIAI, CREMATION, REMOVAL (Specify) May 9, 1967 Mt Olivet	TERY OR CREMATORY 23d. LOCATION (City or Town) t Cemetery Washington D.	
	24. FUNERAL DIRECTOR ADDRESS  F. Gasch's Sons Hyattsville, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours often Page 4 may be retained by the hospital or attending physician.

HARA NO THANKING · --- , -- LORDER IN I William, Marti Sagain william of the Sagara Times to Services to The Service Control of the Servic Selection of the server is . BUT I THE WILL STATE OF THE PARK The same and the same of the s - A LANGE CONTRACTOR

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

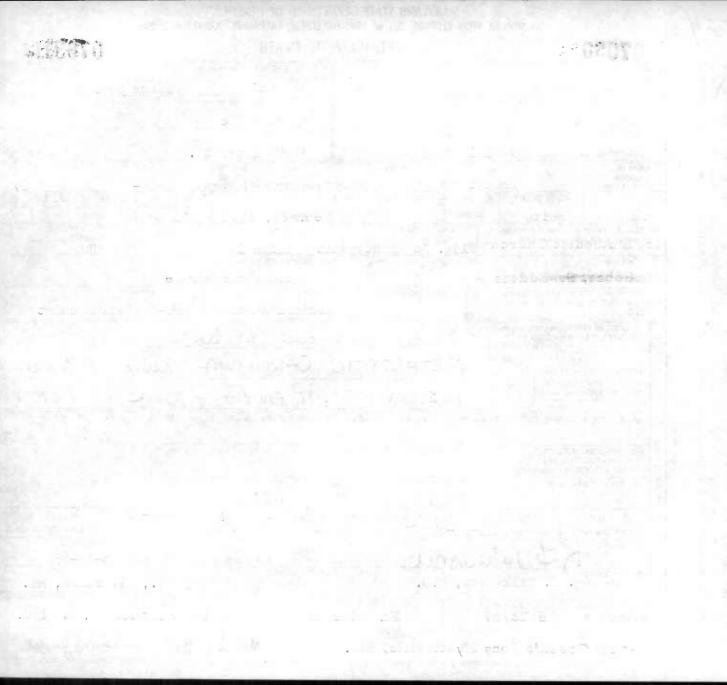
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour attended the	Ittending physician.	as been signed by the attending physician and completely filled in by the tuneral	e as the burial-transit permit. Then please remave carban papers. Pages 1 and 2	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
TO HOSPITAL OR ATTENDING PHYSICIAN:	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate	director, page 3 shauld be detached far u	should be filed with the State Dept. af Heal	

VR A15 (4) 25M 1/67

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0	7	1	2	1
-8.6	4	11	33	

07050	)		CERTIFICA	TE OF	DEATH			ĺ	070	31	
1. PLACE OF DEATH o. COUNTY Prince	George		MARYLAND	0.	UAL RESIDENCE (V STATE aryland	Where de	ceosed lived, if institu b. COU Princ			e odmissio	on)7 :
b. CITY OR TOWN write RURAL on RIVerda	(If outside corporate limits, d give nearest tawn)	c. l	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hyattsville							
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in Leland Memoria				REET ADDRESS		C+			e. IS RESID	ARM?
NAME OF DECEASED	First		Middle		3700 Oli Lost	4. DAT	TE Mor		Dογ		
(Type or print)	Rober  6. COLOR OR RACE 7.			Broadw		DEA		IF UNDER	1 VEAD	19	67
Male		MARRIED 🔀	NEVER MARRIED DIVORCED		of BIRTH  16, 19	916	9. AGE (In yeors lost birthdoy) 5] yrs.	Months	Doys	Hours	Min.
	N (Give kind of work done	INDUSTR	F BUSINESS OR RY Superinter	11. B	RTHPLACE (County Illino	& Stote, o	r foreign country)	(0	TIZEN OF DUNTRY? USA		
13. FATHER'S NAME		Prag.	Daper Inter		OTHER'S MAIDEN I			1	HOU		
Rober	t S. Edden				Hildega	rde	Merkle				
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	vice) 16. SOCIA	L SECURITY NO.	17. INFORM	ANT		Add & Pre-ad		on c	hart	
PART 1. DEA  190.5  Conditions, if ony rise to immedior stoting the under lost.	te couse (o),		idis- pe		uay f CARCIN ELANON		A LUI -Bost	reg L		S Mi	EATH
PART II. OTHER S  200. ACCIDENT WA  OR CONTRIBUTING	IGNIFICANT CONDITIONS CONTR	IBUTING TO DE	ATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CON	NDITION G	GIVEN IN PART 1(0)			WAS AUTO PERFORMI S	PSY ED? NO 2
	S UNDERLYING □ G□ CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCURI	RED. (Enter n	oture of injury in	Port I or	Port II of item 18.)				
20c. TIME OF INJ Hour o. p.	10	20d. INJURY While of wark	OCCURRED 20e. Not While of work		JURY (Home, farmet, office bldg. etc.)		f. (City or town)	(Co	unty)	(	Stote)
	ify that (1) (this haspita eceased alive an	l) attended 1	the deceased fran	that deat	5 MO. 1	9 <u>66</u> 1:20	, to <u>5-19-</u> PM, from causes	67 , 19 <u> </u>	, th	ot (I) (v	we) la obov
220. SIGNATURE		wani	1	M.D. PH	ENDING	MED. DIRECTOR	STAFF PHYS.	_	ATE SIGN		
22c. PHYSICIAN'S NAME (Type	R. F. Wilkins	son, M.1	D.	22	d. ADDRESS 4404 Qu	eens	bury Rd.,	River	rdal	e, Mo	i.
230. BURIAL, CREMATI Burimoya (Specify		23	c. NAME OF CEMETERY  Ft. Li	or (REMAT	ORY	23d. C c	LOCATION (City or To	nor ]	(County)	. M	tote)
24. FUNERAL DIRECTO	Gasch's Sons	Hyatts	ADDRESS sville, Md		2So. REC'T	1 7	9 1967 25b. R	EGISTRAR'S S	SIGNATUR	Judg	e.



### MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL**

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5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Depar Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be farwarded to the Chief Medica. Examiner's Office along with farm P

A15ME (5)

07032
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0705		MEDICA	AL EXAMINER'S	CERTIFICATE	OF DEATH		0703	2		
1. PLACE OF DEATH o. COUNTY Pri	nce George	s	MA DVI AND	2. USUAL RESIDENCE ON STATE Maryland	(Where deceased lived					
	(If outside corporate limit		MARYLAND LENGTH OF STAY IN 1b	Maryland b. COUNTY Prince George's  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL an	d give nearest tawn)	3,	DOA	1	st Heights	, wille KOKAL Old g	16 - 1			
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospitol, give s	street oddress)	d. STREET ADDRESS			e IS RES			
Pri	nce George	s Hospita	a.l	2515 Ja	ameison St	reet	YES			
3. NAME OF	F	irst	Middle	Lost	4. DATE	Month		ear		
(Type or print)	Fre	ederick	Thomas	Brooks	OF DEATH	May	14 19	67		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (	n years IFUNDI		R 24 HRS.		
male	Negro	WIDOWED	DIVORCED	July 25, 19	940   26	irthdoy) Months	Days Hours	Min.		
10o. USUAL OCCUPATIO	N (Give kind of work done	1Db. KIND C	OF BUSINESS OR	11. BIRTHPLACE (Sto	te or foreign country)	12	CITIZEN OF WHAT			
Biolog	ist	1140031	KT	North Ca	arolina		COUNTRY? USA			
13. FATHER'S NAME	74 - 17			14. MOTHER'S MAIDEN						
Jame	s Brooks			Floaia	Walker					
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates	16. SOCI/	AL SECURITY NO. 17.	INFORMANT		Address				
(Tes, 110, Of Unkild Will)	(II yes give wal of dates	or zervice)	Ma	ary E. Bro	ooks-wife	2515	Jameisc	n		
	EATH (Enter only one ca	use per line for (o),	(b), ond (c).)				INTERVAL BE			
PARI I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE	(o) Hemo	rrhage and	shock			ONET THE	ves		
3 /2		10								
Conditions, if one rise to immedia	te couse (a)		ration of r	ight carotic	dartery		minu	tes		
stoting the under		(c) Trau	ma - auto a	aaidant			minu	+00		
	ICHIEICANT CONDITIONS		EATH BUT NOT RELATED TO		ONDITION CIVEN IN DA	DT 1/-)	19. WAS AUT			
PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DE	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	UNDITION GIVEN IN PA	KI I(0)	PERFORM YES	MED?		
200. EXTERNAL CO			BE HOW INJURY OCCURRED			*				
	NIKIBOTING 🗆	Driv	er of car w	hich went or	ut of cont	rol and s	struck ho	use.		
20c. TIME OF INJ	URY Month, Doy, Yeor	and willing	COCCUEDED A SD. DI	ACE OF INJURY (Home, fo	rm, 2Df. (City o	r town) (	County)	(Stote)		
5:33AM p	m. 5-14-67 19	While of work	Not While 23:	ctory, street, office bldg., et	100 ft. s.	of Catsk	dill St.	P.G.		
	The state of the s	e of the remain	s described abave, h							
		al causes ),		icide , Hamicid		mined manner		F		
	11//	1	1/2/	CHIEF MEDICA	AL EXAMINER					
ACTUAL SIGNATURE	Horn	/ Les		M.D. ASSISTANT M	EDICAL EXAMINER		22. DATE			
EXAMINER'S	The Voho	MD		DEPUTY MED	ICAL EXAMINER		5-14	- 67		
NAME (Type)	John Keho				dale will de la					
23a BURIAL, CREMATI REMOVAL Specifi Burial	23b. DATE TH		incoln Mer		23d. LOCATION	(City or Town)	(County) (	(Stote)		
24. FUNERAL DIRECTO		Stervan		2So. RE	C'D BY REGISTRAR	2Sb. REGISTRAR'S				
Stewart/	Funeral E	Iome-400	1/Benning	Rd., NAEA	Y 1 7 1967	geliar	les Judge	-		
	/									

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

										- 6	E.C.	13_
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec			nce belo	e dimen	A par
Н	o. COUNTY	Coomeon		MARYL	IAND	o. STATE Maryland Prince Georges						
-	b CITY OR TOWN	(If outside corporate limit	c	C. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)						
		d give nearest town)	-,	C. ELITOTII OT STATE			ourside torp	didio ililiis, willo ko	KAL UNU GI	10 1100103	, rawing	
	Cheverl			50 days	3	Landover		-	160			
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol, g	give street address) ~	5.	d. STREET ADDRESS					e. IS RESII ON A F	DENCE
	Prince	Georges Gen	eral Ho	ospital		303 Hill	Rd.					NO 🗌
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DAT	E Mon	th	Doy	Ye	or
	(Type or print)		Albert	B.		Brown	DEA			2		67
S.	SEX	6. COLOR OR RACE		NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years	IF UNDER			24 HRS.
	Male	White	WIDOWED	DIVORCED		5/23/76		lost birthdoy) 90 yrs.	Months	Doys	Hours	Min.
	. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count	ty & Stote, or	foreign country)		ITIZEN OF		
dui		life, even if retired)		DUSTRY		Mammalaw				OUNTRY?		
12	Farmer FATHER'S NAME		F.	arming		Marylar  14. MOTHER'S MAIDEN	A 4-7			I.S.	Α.	
13.	. TATHER S NAME											
_	Richa	rd Brown				Judit	:h -					
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
(7	N O	(If yes give wor or dotes	or service)		T 37	a M. Brov	m-wi	fe Sar	ne a	c #2	)	
		DEATH (Enter only one cou	ero por lina for	(a) (b) and (c))	110	A III DIO!	**************************************	10 001	ire at		ERVAL BET	WEEN
	PART I. DEA	ATH WAS CAUSED BY:	ise per line for	(o), (b), ond (c).)	11	0.	16		-		SET AND D	
	11.0	IMMEDIATE CAUSE		nev	V	Such		- Custon	•	1 3	- M	MIL
	4-22	DUE	TO	+	0	7	-	1				
	Conditions, if ony		(b) (c)	Mure		whe	Cr	ullo.				
	stating the unde		TO	. /		1	^			1,		
	last.	)	(c)	Vas	m	la X	dre	en		16	4	-
	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE C	ONDITION G	IVEN IN PART 1(o)		19.		OPSY
S	Trice in other s	TOTAL CONDITIONS	OHINDONINO	O DENTIL DOT HOT KEE	1120 10 1	THE TERMINATE DISERSE C	.onomion o	17211 111 17111 1(0)			PERFORM	ED?
3										Y	ES [_]	NO XX
CERTIFICATION	20o. ACCIDENT WA	\S UNDERLYING □ G □ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	n Port I or	Port II of item 18.)				
		MEDICAL EXAMINER)										
MEDICAL		IURY Month, Doy, Yeor	20d. IN	JURY OCCURRED		E OF INJURY (Home, fo		. (City or town)	(0	ounty)	(	Stote)
SE SE	Hour o.	10	While		focto	ory, street, office bldg., et	tc.)					
		ify that (I) (this has	ot work	ded the deceosed t	from	hor to	1952	to May 2	19	67 th	at (I) (	wel Inst
		leceosed alive on	May			death accurred o	1 1 - 30	M, from causes	ond on	the dat	e stated	obove.
	220. SIGNATURE			0			MED. AM			ATE SHEN		
	W	ellen	~ 6	Dinin	M.D	ATTENDING PHYS.	MED. Z	STAFF PHYS.	) .	1/2	16	7.
	22c. PHYSICIAN'S NAME (Type		Reginin	M D		22d. ADDRESS	A	A C 3	7 77		VC 1	
	TEAME (1 ype	<del></del>					trai.	Ave. Capi	cor H	gts.	Md.	
23	D. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR (	REMATORY	23d.	LOCATION (City or To	own)	(County	) (S	tote)
B	REMOVAL (Specify	5-5-6	7	Cedar Hi	11 (	Cemeterv	Su	itland.	Md.			
2	4. FUNERAL DIRECTO	OR		ADDRESS		2So. RE	C'D BY REGI	STRAR 2Sb. R	EGISTRAR'S	SIGNATHI	RE	1
1	oo Fun	eral Home	300	th C+ M	T 1.	To ale DOAMA	Y 5	1967	lian	A De	us go	-
	nee Truit	erar mone	700 2	LUII DUONO	Tie V	ASA. DAME	11 0				V	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event-within 72 hours after deed Page 4 may be retained by the hospitol or ottending physicion.

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L. Prince Georges General magetral

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07	053			CERTI	FICATE	OF DEATH		3.4	07034
1. PLACE OF a SOUNTY B. CITY OR A NUMBER	E GEOR	PGES Core corporate limits,	/	MAR c. LENGTH OF STAY		a. STATE MARY	Where deceosed lived, if institute b. COL TAND PRINC utside corporate limits, write RU	E GEORGI	EIS
d. NAME O		STITUTION (If not			J	d. STREET ADDRESS			e. IS RESIDENCE
4SAF	HOSPIT	AL ANL	REWS.			4824 EAS	TERN IANE		YES NO X
3. NAME OF DECEASED (Type or p.	int) B	POWN.		Middle m A N.	L,	Lost	4. DATE Mor OF REATH	mA)	Doy Year 1967
S. SEX		OR OR RACE	7. MARRIED () WIDDWED [	NEVER MARRI		DATE OF BIRTH  20 Aug 26	9. AGE (In years lost birthday) 40 yrs.		AR IF UNDER 24 HRS bys Hours Min.
Do. USUAL DC luring most of US	UPATION (Give k working life ever RMY (R)	ind of work done if retired) TIRED)		D DF BUSINESS OR USIRY	VICE	11. BIRTHPLACE (County PINEVILLE	& Stote, or foreign country)	12. CITIZE COUNT	N DF WHAT
13. FATHER'S						14. MOTHER'S MAIDEN			
	LIAM A.		14 66	OCIAL SECURITY NO.	1 17 8	LONIA HUN	IN LCUT Add	2000	
(Yes, no, or un	known) (If yes g	ARMED FORCES? ive war ar dotes of	service) 4.37	303533	1		ROWN-WIFE-SAM	The second second	
18. CAU PAR	T I. DEATH WAS	iter anly ane cous CAUSED BY: MMEDIATE CAUSE (	7111	o), (b), ond (c).)	lear C	Infar	etion		INTERVAL BETWEEN ONSET AND DEATH
rise to in	s, if ony, which one diote couse ne underlying c	(o), DUE	art	priosel	bro	tielHear	t Diseas	e	
PART II.	OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO
OR CONTR	DENT WAS UNDERSTRUCTION OF THE CAUSE OF THE	E OF DEATH	2Db. DESC	RIBE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port I or Port II of item 18.)		
2Dz. TIM	OF INJURY Ma Haur o.m. p.m.	nth, Doy, Year	20d. INJ While of work	URY OCCURRED  Not While at work		E OF INJURY (Home, for ry, street, office bldg., etc		(Caunty	(Stote)
21. saw	l certify that	(I) (this hasp	ital) attende	the deceased	fram_2 and that		19 7, ta 28 M 2005 M, fram causes		, that (I) ( <del>we)</del> la date stated abov
22c. PM:	COLOR SICIAN'S	CHARD J.	WISTE	SOCIETY, CAPT	(MC)	22d. ADDRESS US	MED. DIRECTOR PHYS.  AF HOSPITAL A  FB, WASHINGTO	NDKEWS	May 176
230. BURIAL, REMOVA Buria	(Specify)	23b. DATE THE	1967		lria L		23d. LOCATION (City or To	own) (Ca	ounty) (State)
24. FUNERAL	DIRECTOR	ert E. W	ilhelm	Funeral	Home		D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGN	IATURE

24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Provided the filled with the test of the last o VR A15 (4) 25M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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t 2 t.		18				
and and eat		PLACE OF DEATH			e deceased lived, if institution:	Residence befare admission)
funeral and 2 er death.		o. COUNTY Prince George	MARYLAND	o. STATE Maryla	nd b. COUNTY	Prince George
affe affe		b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RURAL	and give nearest tawn)
by the f Pages ours afte		write RURAL and give nearest tawn) Cheverly	5 Days	Universit		110.1
ho in Sers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
iin 24 hours offee filled in by the fur papers. Pages 1 thin 72 hours after	F	rince Georg's General Ho	ospital	4002 Bea	chwood Road	YES NO 🔀
e executed withing and campletely fremove carbon on ony-event, with		NAME OF First DECEASED Sarah (Type or print)	Betty Br	own 4.	DATE Month OF 5	25 19 67
Sver L	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HRS.
S S S S S S S S S S S S S S S S S S S	1	Female White WIDOWED	DIVORCED	Sept. 24,187	7   last birthday) M	lanths Days Haurs Min.
ician and lease rem and in on			ND OF BUSINESS OR DUSTRY Wn Home	11. BIRTHPLACE (County & Sto	nte, or foreign country)  New York	12. CITIZEN OF WHAT COUNTRY?
ficar ysic ple al, a		FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
erti ph hen novor		Oscar Hinricks		Mary Sta	anley	
ie death certificate L attending physician permit. Then please ian, ar removal, and	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no ocunknown) (If yes give war ar dates af service)		nformant s. Elizabeth	Henson Same	e as #2 (daughte
requires that the death certificate be executed within 24 hours after g physician.  s physician.  s signed by the attending physician and campletely filled in by the further permit. Then please remove arbon papers. Pages 1 a burial, crematian, ar removal, and in adverser, within 72 hours after		18. CAUSE OF DEATH (Enter only one cause per line for ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Thomas	mí	INTERVAL BETWEEN ONSEL AND DEATH
iciar d b ll-tro l, cr		4500 DUE TO	4. 1	0 1	1	
physic physic signec burial burial		Conditions, if ony, which gove (b)	1 generally	of or aring	doorie	year
the tr		stoting the underlying couse last.  DUE TO				
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?  YES NO 3
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (	Enter nature af injury in Part	I ar Part II af item 18.)	
DING PHYSIC by the haspi After this certi be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. 20d. IN. While of work	Nat While facto	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
ATTENDING stained by th CTOR: After to should be d ith the State		21. I certify that (1) (this haspital) attend	ed the deceased fram	, 196	5, to 5-25	7that (I) (we) last
TEN Suld the		saw the deceased alive an 5-2	5 1967, and that	death accurred at $9$	30 PM, fram causes and	d an the date stated abave.
× = # × >		22a. SIGNATURE Smill C. Edy	m.D.	ATTENDING MED PHYS. DIRI	O. STAFF PHYS.	22b. DATE SIGNED  5-4-67
may be RAL DIR r, page l be filed		22c. PHYSICIAN'S DONALD ( E	OGNEN	22d. ADDRESS,	tently mo	l.
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file		BURIAL, CREMATION, 23b. DATE THEREOF 5/29/67	23c. NAME OF CONTRICTOR OF Ft. Lincoln		23d. LOCATION (City or Town) Colmar Mano	or P.G. Md.
( /aV	24	. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY	REGISTRAR 2Sb. REGIST	TRAR'S SIGNATURE
VR A15 (4) 25M 1/67		Francis Gasch's Sons Hy	attsville, Md.	MAY 3	1 1967 mcly	mela andre

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ANGEL CALL DESCRIPTION OF THE PROPERTY OF THE

The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

7055

07036

												-			
		LACE OF DEATH					2. USUAL RESID	DENCE (Whe	ere deceos	ed lived, if in	count	n: Residend	e before	admissi	an)
	ì		Prince Geor	ges	M	ARYLAND	u. sinit	Mary 1	land	U.	Pi	rince	Ged	rge	d
	ŀ		(If autside carporate lim	its,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	VN (If outsic	de corporo	te limits, writ	te RURA	AL and give	nearest	tawn)	
			Cheverly		14 hrs			Bowie	2				16-	/	
	(	I. NAME OF HOSP	ITAL OR INSTITUTION (IF	at in haspital,	give street address)		d. STREET ADDR	RESS	Che	1mon t	Lat	ne		e. IS RESI ON A F	DENCE ARM?
4	P	rince Ge	eorges Gene	ral Hos	pital			4012	Che	keskk					NO 3
		NAME OF DECEASED		irst	Middle		Lost	4	OF DATE		Month		Day	Ує	or
	(	Type or print)	Ma	T	K		Buch	me's	DEATH		ay		10	19	0.0
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARK	RIED 🔲	8. DATE OF BIRTH	1	9.	AGE (In yea		Manths 1	Davs	Haurs	R 24 HRS.
١		emale	White	WIDOWED	DIVOR		17 Aug.,			我 7	85.		,		
3	10a.	USUAL OCCUPATION Markin	ON (Give kind af wark dan g life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE	(County & St	tate, ar for	eign country)			IZEN OF UNTRY?	WHAT	
		Hous	ewife				Lancas			Penna			U.S	A	
	13.	FATHER'S NAME					14. MOTHER'S A	MAIDEN NAM	ME .						
			Fenninger				Amar	nda Ki	rider						
			ER IN U.S. ARMED FORCES  (If yes give wor or dotes	of service)	SOCIAL SECURITY NO		NFORMANT				Addres	4012	Che:	Lmon	t Ln
	(	no			73-03-15	43D Mr	s. Willi	iam H	. Cli	fford		Bowie	Me		
		18. CAUSE OF I	DEATH (Enter only one co	ouse per line for	(o), (b), and (c).)		XO N							RVAL BE	
7		PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUS	E (0)	ulmos	iary	Call	ma	,				UN	DET AND	DEATH
		4201	00	E TO	7.	1.	. 0 /	0 1		1			1	1	
		Conditions, if an		(b)	Myor	and	red &	uf	arc	Tron	·		1	do	Ly.
		stating the und		E TOP	AA.	(3)n	. 1.	1. (3)	0	1(42)		/			
		last.	)	(1) step	Comia	Te	recardete	es the	euri	les, m	ens	nadio			
,	z l	PART II. OTHER	SIGNIFICANT CONDITIONS			RELATED TO	THE TERMINAL DIS	EASE CONDIT	TION GIVE	N IN PART 1	(a) (		19.	WAS AUT PERFORA	OPSY NED?
/	M	A. Dia	lietes me	llifu	o B		nome	Rena	ul !	noea	20		YE	53(2)	NO 🗌
	CERTIFICATION	OR CONTRIBUTIN	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature of i	njury in Par	t I ar Pari	Il af item 1	8.)				
	MEDICAL		JURY Manth, Day, Year	While			CE OF INJURY (Ha ary, street, office b		20f.	(City or tow	vn)	(Cau	inty)		(State)
			.m. 19	QI WUI		1	('ED-	10	15.	2/	7.0	100	7 41	. (1)	- \ 1
		saw the	i <b>fy</b> that (1) ( <b>≯his≥hio</b> deceased alive an_	May 10	19 <u>67</u>	o tram_ , and tha	t death accuri	red at <u>9</u>	15PN	fram cou	ises a	nd on th	Z, in ie date	at (1) ( e state	d abav
8		22a. SIGNATURI	norum	an. K	Bohre	5 M	ATTENDING D. PHYS.	ME ME	ED. RECTOR	STAFF PHYS.		22b. DA	TE SIGNI		167
		22c. PHYSICIAN NAME (Typ	S Norman K.	Bohre	M. D.		22d. ADDRE 3231 S		ior I	an e	Bow		1	1	
	22-					TAILTEDY OD									Canal
	230	REMOVAL (Speci	(v)		MAMENUT T	LATATA	CREMATORY SO	ns Co		CATION Kity			(County)		Stote)
	24	FUNERAL DIRECT		/1967	ADDRESS	Aerri		Ca DECID B		isbur					19.0
	24.	TONERAL DIRECT	14- 11	L.	5050	ulle	, 23	So. MAY	15	1967	1/2	KARAR'S SI	A S	udg	R

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

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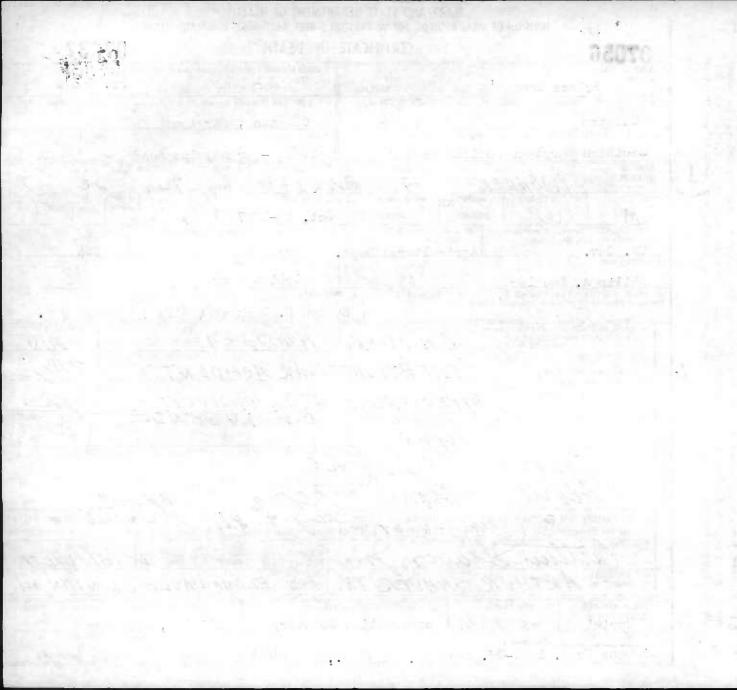
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Marie Committee of the 
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## MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07056 CERTIF	ICATE OF DEATH	7037
	PLACE OF DEATH o. COUNTY Prince George's MARY	2. USUAL RESIDENCE (Where deceased lived, if institution: R. o. STATE Maryland b. COUNTY P	esidence before admission) Pr. Geo¹s
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Olinton  7 days	33	nd give nearest tawn)
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Southern Maryland Medical Center	10611 - Brandywine Road	AEZ XX NO
1	NAME OF PIECE SED (Type or print) WICHAEL TO MARRIED FOR NAME OF MARRIED FOR NAME OF MARRIED FOR NAME OF MARRIED FOR MARRIED F	BUCKLER DEATH Month	Doy Year 26 1967 INDER 1 YEAR   IF UNDER 24 HRS.
	M WIDOWED DIVORCED	Oct. 19-1907   lost birthday)   Mor	nths Days Hours Min.
-	Oo. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  US. Gov.  Agricultural	Dept. Maryland	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Delphine Marr	
-	Philip A. Buckler  S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
	Yes, na, ar unknawn) (If yes give war ar dates af service)	Evelyn E. Buckler ( Wife ) Sa	ame as # 2.
	IIII 2 I IIIII CAUSE (U)	AC ARREST	INTERVAL BETWEEN ONSET AND DEATH
	I use to immediate course (a) I	VASCULAR ACCIDENT	TRAYS
	stoting the underlying couse   DUE 10   HYPERTENS	IVE ARTERIOSCLEROTIC	IOYRS
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION QUENCIN DATA 169	PERFORMED? YES NO
2	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II af item 18.)	
1000	20c. TIME DE HITTURY Month, Doy, Year Tour and P.m. 19 20d INHERY OCCURRED While An Work On Wo	20e. PLACE OF HAJURY (Home, form, form) (City or town)	(County) (State)
	21. I certify that (4) (this haspital) attended the deceased saw the deceased alive on May 2619 67, 6	fram May 19, 1967, to Pres and that death accurred at \$15 P. M., fram causes and	That (we) la an the date stated abov
	220. SIGNATURE Slaver )	ATTENDING MED. STAFF  2° M.D. PHYS. DIRECTOR PHYS.	26. DATE SIGNED 3/26/67
1	22c. PHYSICIAN'S ARTHUR SHAVER	TR. 8808 BRANCH AVE, - C	WINTON, ME
	PEMOVAI (Specific)	TERY OR CREMATORY . 23d. LOCATION (City or Town)	(Caunty) (State)
P-	24. FUNEPAL DIRECTOR ADDRESS		rland AR'S SIGNATURE
	Simmons Bros. 1661-Gd. Hope RD. SE	Wash. DC DAMAY 3 1 1967 gclis	when Judge



FOR STATE HEALTH DEPT. State Department of 2, and 3. P.M3. Pop amy deloy the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If with the S TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 Health priar to burial, cremation, or removal, and in any event within 72 hours ofter deal

97057

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

KIIII KAIL OI L	LAIII	UZ	151	K
o. STATE D.C.	deceosed lived, if institution: b. COUNTY	Residence	before	odmissio

1 2 2

1.	o. COUNTY Prince	George's		MARYLAND	o. STATE	ENCE (Where dece D.C.	eosed lived, if institut b. COUN		e before odmis	sion)
	b. CITY OR TOWN (	If outside corporate limi d give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpo	prote limits, write RU	RAL ond give	neorest town)	
L	Chever	Ly		DOA		ngton D	.C.		47.3	
7	d. NAME OF HOSPIT	TAL DR INSTITUTION (If n	ot in hospitol, gi	ve street oddress)	d. STREET ADDRE	ESS			e. IS RE	FARM?
		George's G	eneral	Hospital	1838	Maryla	nd Avenue		-	NO X
3.	NAME OF DECEASED	F	irst	Middle	Lost	4. DATE		h		'ear
-	(Type or print)	Edwa			Burch	DEAT		I is illused t		67
5.	SEX	6. COLOR OR RACE	7. MARRIED [ WIDOWED [	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthdoy) 58 yrs.	Months 1	Doys Hours	ER 24 HRS. Min.
10	male	Negro (Give kind of work done			12-25-08	151-1	58 yrs.	10 (17)	ZEN OF WILLET	
dı	ring most of working  Shear 0	life, even if retired)	IND	D DF BUSINESS DR USTRY Steel Cicated C	orp. Mario	on Coun	rion, S.C.	COU	ZEN OF WHAT NTRY?	s
13	3. FATHER'S NAME				14. MOTHER'S M					
	Charli	e Burch			Etta	Davis	( Bure	ch)		
	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES	of comice)		17. INFORMANT		Addre	SS		
(	Yes, ive s	191/28/191	12 24	19-42-0220	Marie Le	onard	Burch			
		EATH (Enter only one co TH WAS CAUSED BY:	use per line for (	o), (b), ond (c).)					INTERVAL B ONSET AND	
	025	IMMEDIATE CAUSE	( )	eration of h	rain					
	Conditions, if ony		E 10	umo outo (	and don't			7.6		
	rise to immediat	e couse (a)	1	uma - auto a	CCTGent					-
	stoting the unde	rlying couse	E TO							
		CHIEFCANT CONDITIONS	(()	DOLLER DUY WOT DOLLATED	TO THE TERMINAL DISC.	ACC COMPLICATION OF	SIGN IN DART 1/ )		19. WAS AL	TODEV
NOIL	PAKI II. UIMER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISE	ASE CONDITION GI	IVEN IN PART I(0)		PERFOR	
CERTIFICATION	20o. EXTERNAL CA		20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of in	jury in Port I or P	Port II of item 18.)		100	110 [26]
		NTRIBUTING	dri	ver of car	involved in	collisi	bn			
MEDICAL	20c. TIME OF INJI	URY Month, Day, Year	20d. INJ	LIRY OCCURRED 2 20e	PLACE OF INILIRY (Hom	ne form 20f	(City or town)	(Coun	ity)	(Stote)
WE	3:15am p.r	m. 5-27- 19	67 While of work	Not While W	foctory, street, office bloodrow Wils	on Brid	ge, Prince	e Geor	ge's, I	Md.
				oins described obove					ond in my	
				, Accident X	,		Undetermined m			
	ACTUAL	1/			CHIEF M	MEDICAL EXAMINER				
	SIGNATURE	1111	V1/	er		NT MEDICAL EXAM	CONTR.			E SIGNED
2	EXAMINER'S	July by	D D:	/		MEDICAL EXAMIN			5-2	7-67
=				verdale, Man		(Street, city, tow		1	6 4 1	(** )
23	30. 109 IAI CREMATII	AL 236 PATE TH	84 1967	Church	OK CREMATORY	7	Willow (City or To	3.C.		(Stote)
1	24. FUNERAL DIRECTO	Ryallong	L // 10	ADDRESS Was	3.	. REC'D BY REGIS	1967 RE	GISTRAR'S SIG	SNATURE Que	det
	6-11/1	MUVERLA	4/0	- HOI MI	20.002 DA	IE .		//		4

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07058

### CERTIFICATE OF DEATH

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							0 6 (	,00	
	PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased lived, if instit	HAITV	before admissi	on)
PA	o. COUNTY Georges		MARYLA	AND	Maruland	Prince b. (0	Georges		
	b. CITY OR TOWN (If outside corporate li	mits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If out	side corporote limits, write R		earest tawn)	
CH	write RURAL and give nearest tawn)		D. O. A.		Hyattsville	2	16.1	66	
40.	d. NAME OF HOSPITAL OR INSTITUTION (1	f not in hospital, g			d. STREET ADDRESS			e. IS RESI ON A F	DENCE
PA	rince Georges Gene	ral MXXX	XXX Hospi	ital	1400 Merry	imac Drive		YES	NO NO
	NAME OF DECEASED	First	Middle		Lost	4. DATE MO	inth	Doy Ye	ar
	(Type or print) Benja	min	Smith		arrico	DEATH May			67
	SEX 6. COLOR OR RACE white	7. MARRIED WIDOWED		8.	Mar 2, 1895	9. AGE (In years lost birthday)	Months D	ays Haurs	R 24 HRS. Min.
10a	USUAL OCCUPATION (Give kind of work do		ND OF BUSINESS OR		11. BIRTHPLACE (County 8	& State, or foreign country)		EN OF WHAT	1
duri	ing most of working life, even if retired)	IM	DUSTRY				COUN	TRY?	
	etired (lerk FATHER'S NAME	1920	cery		Warrenton, 14. MOTHER'S MAIDEN N		14.0		
7	las Carrico				Dora Shave				
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	Ad	dress	•	
No	es, no, or unknown) (If yes give war ar dat	tes of service) 57	7-10-9269	Mar	y E. Carrie	30 Hyattsur	le. Mar	yland	
	18. CAUSE OF DEATH (Enter only one					0 1		INTERVAL BE ONSET AND	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAL	USE (a) CL	eectr C	ale	and the	areluce	-ale	ONSET AND	DLATTI
		DUE TO		0	0/1	) •		91	lan.
	Canditians, if any, which gave rise to immediate couse (a),	(b)	aleanary	, a	withy he	recarl		1 1	- auri
	stating the underlying couse last.	(c) A	Les perd	Pin	lean			127.	lars
ATION /	PART II. OTHER SIGNIFICANT CONDITION		TO DEATH BUT NOT RELAT	TED TO TH	E TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUT PERFORM YES	OPSY MED? NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter noture af injury in F	Part I or Part II of item 1B.)		SE.	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yea Hour a.m. p.m.	r 20d. II While 19 at war	Nat While		OF INJURY (Home, farm y, street, affice bldg., etc.)		(Count	Υ)	(State)
	21. I certify that (I) (this	hospital) atten	ded the deceased for	ram	nov. 1	955, to may	27, 196	Z, that (I)	(we) last
		- mary	78 1967, ar	na that	death accurred at	M, Tram cause	22b. DATE		a abave.
	22a. SIGNATURE	mes	learnes	M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.		29, 196	7
	22c PHYSICIAN'S NAME (Type) Lawrence	2. Thom	nas		1712 9. S	t., N. W., W	ashingto	on, D.	C.
230	BURIAL, CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEMETI			23d. LOCATION (City ar		.,	State)
B		1967	Oakdale C	emet	ery	Manassas,	Virgini	a	
24	4. FUNERAL DIRECTOR CLE	irk E. W	134 Georgi	a Ave	SPULLE	NEW REGISTRATE 1967 25b.	REGISTRAR'S SIGI	NATURELLA	L
W	arner L. Pumphrey.	Jric.	ilver Spri	na l	Id. DAIL				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprecant, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer deat Poge 4 may be retained by the hospital or ottending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	กงกอล			CEKIII	FICATE	OF DEA	IH		07	040		
1.	PLACE OF DEATH o. COUNTY Prin	ce George	e	MAK	YLAND	o. STATE	DENCE (Where d	leceased lived, if i	COUNTY	ince before a		
	b. CITY OR TOWN (If out	side corparate limits.		c. LENGTH OF STAY		c. CITY OR TOV		orparate limits, wri	ite RURAL and gi	ve nearest to	own)	rge
1	d. NAME OF HOSPITAL OF					d. STREET ADD	0			e. I	S RESIDE	NCE RM?
	NAME OF DECEASED (Type or print)	ESTELI		Middle <b>E</b>	CA	Last RROLL	4. Da	ATE	Month V	Day	Year	
		White	MARRIED [ WIDOWED [	NEVER MARRIE DIVORCE		Feb 13	, 1897	9. AGE (In ye lost birthd	ors IF UNDER oy) Manths yrs.		UNDER 2 Hours	Min.
10 du	o. USUAL OCCUPATION (Giver in 1978) of Serving 1978	e kind of wark done yen if retired)		D OF BUSINESS OR USTRY Home			(County & State, Vashing t	or fareign cauntry		OUNTRY?	'HAT	
13	3. FATHER'S NAME C	harles Bak	er			14. MOTHER'S Mal		gledue				
15	S. WAS DECEASED EVER IN U res, no, or unknown) (If ye no	J.S. ARMED FORCES? s give wor or dotes of s	ervice) 16. So	OCIAL SECURITY NO. 7 07 5424		nformant erbert	A./Car	roll Sar	Address ne as #	2 (hu	sbar	nd)
	18. CAUSE OF DEATH PART I. DEATH W  Canditions, if any, whirise to immediate caustating the underlying last.	AS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  th gave (b)  J couse (c)		Glene	LE	(In	tern	1600 p	ronis	Sonset	AND DE	rest
CERTIFICATION	PART II. OTHER SIGNIFI	Com	Alsa	with	exta	clure:				19. W) PE YES	AS AUTOP REORMED N	SY 0?
		SUSE OF DEATH	/ 205. DES	CRIBE HOW INJURY (	OCCURRED. (	Enter noture of	injury in Part I a	or Port II of item 1	IB.)	1		
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Manth, Day, Year 19	20d. INJ While at work	URY OCCURRED  Not While at work		E OF INJURY (Ho		20f. (City or tax	wn) (C	ounty)	(St	late)
		nat (1) (this haspingsed alive an 1	tal) attend	ed the deceased	fram and that M.D	ATTENDING	red at // MED. DIRECT	M, fram co	uses and an	the date :	stated	e) last above.
23	NAME (Type)	23b. DATE THERE	HL.	23c. NAME OF CEA	METERY OR G	REMATORY	welled 23	d. LOCATION (City	or Town)	(County)	(Sta	ite)
L	REMOYAL Specify)	May18, 1	967	Ft Linco	ln Ce	metery	Co So. REC'D BY RE	lmar Mar	or Pro	Geo	M	ld.
1	F. (	asch's Son	ns Hy	attsville	, Md.	13.5	ATE	VISIAM Z.	Wilson		42	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending prysical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their place remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after destinated. Page 4 moy be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINED'S CERTIFICATE OF DEATH

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	04000	<i>j</i>	MEDICAL	EXAMINER	3 CENT	ITICATE C	JI DLAI		.0.0	**		
	PLACE OF DEATH						Where decease	ed lived, if institut	tion: Residence	before (	admissio	n)
у.		rince George	ls	MARYLAND		ruland		-	ce Geor	rge !	S	
	b. CITY OR TOWN (	If outside corporate limits,		GTH OF STAY IN 1b			utside carporot	e limits, write RU				
	Cheve	d give nearest tawn)	D.	AOA	Hi	llcrest	Heigh	t.s		16-	/	
		AL OR INSTITUTION (If not in				ET ADDRESS	G				IS RESID ON A FA	
	Prince G	eorge Genera	Hospita	1	590	8 23rd.	Place					NO X
	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mon	th	Day	Yea	г
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S.	SEX	6. COLOR OR RACE 7.	MARRIED N	EVER MARRIED	B. DATE	OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		F UNDER Hours	24 HRS Min.
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	. USUAL OCCUPATION	V (Give kind of work done	10b. KIND OF BI	USINESS OR	11. B	IRTHPLACE (State	e or foreign co	untry)		ZEN OF V NTRY?	VHAT	
L	U. S	. Gov t.	INDUSTRI				ntucky			1		
13.	FATHER'S NAME				14. MO	THER'S MAIDEN	NAME					
		Leslie Cary				Lula	40.00	?				
15. (Y	WAS DECEASED EVE	R IN U.S. ARMED FORCES? ((If yes give wor or dates of ser	16. SOCIAL SE	ECURITY NO.	17. INFORMA	NT _		, Addr				
1,,	3, 110, 01 0111110 1117	(ii jes give wor or deles or ser			Edna M	. Cary	(Wife)	Same 8	as Ite	n #2		
		EATH (Enter only one cause p	er line for (a), (b),	ond (c).)							VAL BETV	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Heart fa	ailure					n	ihut		EAIM
	4200			sclerotio	hear	diseas	se		OV	er 2	20 y	rs
	Conditions, if ony											
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	last.	) (c)										
Z	PART II. OTHER SI	IGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE CO	NDITION GIVE	IN PART 1(o)		19. W	AS AUTO	PSY ED?
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CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		2Db. DESCRIBE H	OW INJURY OCCURE	RED. (Enter na	ture of injury in	Part I or Part	II of item 18.)				
MEDICAL		URY Month, Doy, Year	20d. INJURY OC	CURRED 20e.		URY (Home, form		(City or town)	(Cour	ıty)	(5	Stote)
MEC	Hour o.r	1.0		ot While	factory, stree	, office bldg., etc.	.)					
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		ted from: Noturol o			Suicide 🗌	Homicide		determined m	, 42		,	
		11/	To	1		CHIEF MEDICAL	LEXAMINER					
	ACTUAL SIGNATURE	John .	110	10	MD	ASSISTANT MED	DICAL EXAMINE	R		22.	DATE	SIGNED
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	NAME (Type)	John Kehoe, M	.D. KI	verdale,	Ma.	Address (Stree	et, city, town, o	or county)		2-1	.5-6'	1
230		1 / /		NAME OF CEMETERY			-	ATION (City or To		County)	,	tate)
	REMOVAL (Specify		967   Re	st Have	n Cen	etery		isville			У	
2	ONERAL DIRECTO			ADDRESS		200	D BY REGISTR.		EGISTRAR'S SIG	NATURE	der	
3	Simmons E	Bros. 1661-Go	od Hope F	ld SE Wa	sh DC	DAMAY	161	967	-, -,	0	0	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	9706	1		CEKII	FICATE	OF DEATH					14%
	PLACE OF DEATH O. COUNTY Prince G	eoages		MAI	RYLAND	o. STATE Maryland		b. COU Prin	ce Geo	rges	
ŀ	b. CITY OR TOWN	(If outside corporate limited give nearest town)	is.	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If o	utside corpo	orate limits, write RU	IRAL and give	neorest	town)
(	Cheverly	id give nedrest town)		31 hour	cs	Seat Plea	asant		10	1011	
		TAL OR INSTITUTION (If n		give street oddress)		d. STREET ADDRESS 6309 Foot					IS RESIDENCE ON A FARM? ES NO
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5. 5		6. COLOR OR RACE	7. MARRIED		ED FV B.	DATE OF BIRTH	DEAL	9. AGE (In years	IF UNDER 1	YEAR	IF UNDER 24 HRS
			WIDOWED		48.28	May 4, 196	57	lost birthdoy)	1	Doys	Hours Min.
	Female	white N (Give kind of work done		(IND OF BUSINESS OR		11. BIRTHPLACE (Count			12. CITI	7FN OF	WHAT
		g life, even if retired)		NDUSTRY				County		NIRY?	
13.	FATHER'S NAME	Russell Cau	dill			14. MOTHER'S MAIDEN Pa		H Hawes			
	PART I. DE/ 773 Conditions, if on rise to immedia stating the und lost.	y, which gove the couse (o),	(b) (c)	yalin	le de le	Loubra Ly HE TERMINAL DISEASE CO	indition GI	Subea	re	3/	RVAL BETWEEN ET AND DEATH
TION				non	e					YES	PERFORMED?
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED. (I	Enter noture of injury in	Port I or P	Port II of item 18.)			
MEDICAL	Hour o	JURY Month, Day, Yeor .m. 19	20d. Whill of wo			E OF INJURY (Home, for ry, street, office bldg., etc		. (City or town)	(Cour	nty)	(Stote)
	21. I cert	ify that (I) (this had	spital) atter	nded the deceose	d from , ond that	death accurred a	1967, 1/30P	to <u>ULAG</u> M, from causes	and on th	e date	stated abo
	22o. SIGNATUR	MAGE	tus	ny	WM.D	111101	MED. DIRECTOR	STAFF PHYS.	22b. DA		1967
	22c. PHÝSICIÁN NAME (Typ		sa, M.	D/		22d. ADDRESS 7403 Vari	num Si	t. Landov			
230	BURIAL, CREMAT	ion, 23b. date the May 8	HEREOF , 1967			emetery	Col	LOCATION (City or To mar Manor	own)	County)	(Stote) Md.
24	. FUNERAL DIRECT	F. Gasch's	Sons	ADDRESS Hyattsvi	lle, M		D BY REGIS	1967 STRAR 25b. R	Clar		Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR 20

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07062 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY Prince Georges Mary land MARYLAND c. LENGTH OF STAY IN 1b 52 days Landover d. STREET ADDRESS Middle Chambe rlain Robert J. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8/13/03 White 10b. KIND OF BUSINESS OR UBSIT, 14. MOTHER'S MAIDEN NAME

Prince Georges b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 6606 Fairwood Road NO K 3. NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH May 28 1967 S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months 63 Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S TREASCRE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war ar dotes of service NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. foctory, street, affice bldg., etc.) of work L of work 21. I certify that (this haspital) attended the deceased from April 7, 1967, to May 28, 167, that (k (we) last saw the deceased alive an May 28, 1967, and that death occurred at 1:10 AM from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3003 23o. BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR FREMATORY 23d. LOCATION (County) p MOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or removol, cremotian, the burial. prior to or ottending certificate FUNERAL DIRECTOR: After Poge 4 moy be retoined by director, page should be filed 0 VR A15 (4)

firtues Georges revolund good it Frince Acordes Gameral Hospital . 6506 Fairwood France Hobort J. Graneriala 60/27/8 STREET, SAME STREET

May 23, 67 - 67 - 1:10AM

THE TAX WE WAS TO SEE THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

7	Va-			07063			CERTIF	ICATE	OF DEATH			. 0	71144	
Jeat	death death			LACE OF DEATH		0 1			2. USUAL RESIDENCE	(Where deceosed I	ived, if institution		before odmiss	ion)
Je.	fun 1 s 1 s ter o			1/24	nu,	Thorge		/LAND	110	refand		6	rencise	enge
haurs afte	y the f Pages urs afte		Ь	. CITY OR TOWN (If outside write RURAL and give it	de corporote limits, nearest town)	2 c.	LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	uside corporate li	imits, write RUR	AL ond give	neorest town)	0
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4 h	.=	2)	d	NAME OF HOSPITAL OR	INSTITUTION (If not	in hespitol, give s	street oddress)		d. STREET ADDRESS	10			e. IS RES	IDENCE FARM?
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d within 24	arban arban			IAME OF DECEASED Type or print)	PRGINI	,	Middle	60	NKlin	4. DATE OF DEATH	Month			67 67
executed	ind campletely remove carban and event wit	1	S. S		LOR OF RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	-X-14	DATE OF BIRTH		GE (In yeors of birthdoy) yrs.	Months Months	YEAR IF UNDE Doys Hours	R 24 HRS. Min.
death certificate be	cian and ease rem and in an			USUAL OCCUPATION (Give Fing most of working life, every HOUSETWI)	en if retired)	10b. KIND O INDUST	OF BUSINESS OR RY		11. BIRTHPLACE (Count	y & Stote, or foreign	n country)		ZEN OF WHAT NTRY?	
fical	2 4		13.	FATHER'S NAME		0	3		14. MOTHER'S MAIDEN	NAME	1	- //	,	
certi	ling phy Then remava			Jul	les Z	mg	1425		d	lean		Bell		
th	ding t. T		15.	WAS DECEASED EVER IN U.S., no, or unknown) (If yes	S. ARMED FORCES?	16. SOCIA	AL SECURITY NO.	17. INF	ORMANT		Addres	is	46	
dec	attend permit. ian, ar r		1103	10	give wor or dutes of	578	-24-895	18-B	Joseph	BNOTY	13 SA	me 1	12 2	_
the	he o it po atia			1B. CAUSE OF DEATH (E			, , , , , ,	1	2	0.			INTERVAL BE ONSET AND	
that	by to ans	1/4			MMEDIATE CAUSE (	1	esper	aco	cey 1 a	wer	-		1014	TN.
uires	hysicic igned l urial-tr urial, c			Conditions, if ony, which rise to immediate cous	0 (0)	GEA	IERALIZ	ZED	CARCI	YOUAT	0515		1 14 ON	TH
The law req	been so the b artab			stoting the underlying (		ABI	DOOLIK	Ah	CARGI	NOWA	1		6 DON	745
	or after re has use as alth pri	2	ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	757	19. WAS AUT PERFORM YES	
SICIAN	ertifical ertifical ed far of He		CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☑ CAU (IF EITHER, NOTIFY MEDICA	SECRETATH L	205. DESCRIB	BE HOW INJURY OF	CCURRED. (En	ter noture of injury in	Port I or Port II	of item 18.)			
1G PHY	r the ho er this c detact ate Depi	0.00	MEDICAL	20c. TIME OF HYDERY Mo	onth, Doy, Year		OCCURRED Not White		of INJURY (Home, for street office bldg, etc		ty os town)	N.C.	nty)	(Stote)
TENDIN	DR: After auld be the Sta				ot (I) ( <del>this hosp</del> ed_alive an	ital) ottended	the deceased		May 17, death accurred a					
OR AT	be reta			220. SIGNATURE	us St	lav	e, 9	M.D.	ATTENDING PHYS.	MED. DIRECTOR		22b. DAT	129/6	7
SPITAL		/		22c. PHYSICIAN'S NAME (Type)	RTHUR	e SHA	VERS	TR. MI	22d. ADDRESS				invay	ME
TO HOSP	Page 4 may O FUNERAL directar, po shauld be f	2		BURIAL, CREMATION, BREMO YAL (Specify)	23b. DATE THER 5/31/6	67	CONTRACT OF CEMENT OF CEME	ON NA	TIONAL	PRINC	ON (City of Tow CE GEOR(	GES, N	IARYLAN	Stote)
	- 00			FUNERAL DIRECTOR RO					2So. REC	D BY REGISTRAR		GISTRAR'S SIG		
	VR A15 (4) 3 20 M 1/66		4	308 SUITLAN	D ROAD,	SUITLAND	, MARYLA	AND	DATE	MAY 3.1	1967	May	las Jose	The same
														1.00

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				CERTIFI	CAIL	OI DEATH					131	K 5 CL	1	
	PLACE OF DEATH o. COUNTY	Prince Georg	es	MARY	LAND	2. USUAL RESIDENCE o. STATE	(Where	deceosed	lived, if instituti b. COUN		ce before	odmissio	in)	
	write RURAL on	If outside corporate limits, d give nearest town)		c. LENGTH OF STAY IN		c. CITY OR TOWN (If				AL ond giv	e neores	town)		
_	Glenn	Dale (rural AL OR INSTITUTION (If not in	Washington, D. C.											
		Dale Hospita		give street oddress)		d. STREET ADDRESS 609 Irv	ing	St.,	N. W.			ON A F	ARM?	
3.	NAME OF DECEASED	First Samue	1	Middle L.	C	Lost	4. D	F	Mont 5	h	Doy 29	Yeo	67	
2	(Type or print) SEX				- 1	. DATE OF BIRTH	D	EATH	GE (In yeors	IF UNDER	-	19 IF UNDER		
٥.	Male		MARRIED VIDOWED	NEVER MARRIED  DIVORCED	I LOSI	11/6/190	0	lo	ost birthdoy) 66 yrs.	Months	Doys	Hours	Min.	
100 dur	ing most of working	N (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County & Stote, or foreign country)  12. CITI COU						TIZEN OF WHAT UNTRY?		
12	FATHER'S NAME	- retired		unknown		Virginia US						5A		
13.														
	Charli	e Cooper				Mollie T	aylo	r						
(Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	A color	SOCIAL SECURITY NO. 142-18-1732		NFORMANT Decedent			Addre	SS				
	18. CAUSE OF D	EATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o) . DUE TO	Bron	(o), (b), ond (c).) schogenic c read metast		noma, left	lun	g, w	ith wid	le-	_ON:	RVAL BET SET AND D Weeks	EATH	
	Conditions, if ony rise to immediat stoting the under last.	e couse (o),												
~	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING 1	TO DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE C	ONDITION	GIVEN II	V PART I(o)		19.	WAS AUTO PEREORM	)PSY	
9	202   Pulmo	nary tubercu	losis	3							YES NO T			
MEDICAL CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING	ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)												
MEDICAL	20c. TIME OF INJI Hour 'o.i	10	20d. II While of work			E OF INJURY (Home, for ry, street, office bldg., et		20f. (C	ity or town)	(Co	unty)	(	Stote)	
	21. I certify that ‡) (this haspital) attended the deceased fram 4/17/, 1967, to 5/29/, 1967, that ‡) (we) last saw the deceased alive on 5/29/ 1967, and that death occurred at 7:45P M, from causes and on the date stated above.													
	220. SIGNATURE  M.D. ATTENDING  MED. STAFF  5/29/67  22b. DATE SIGNED  5/29/67													
	22c. PHYSICIAN'S NAME (Type	Moe Weiss,	2.5						le Hosp le, Md.					
	BURIAD CREMATION REMOVAL (Specify	6-2	1 39	23c. NAME OF CEME	TERY OR O	REMATORY  MEMPE	23	d. LOCAT	ION (City or To		(County)	(S	tote)	
24	I. FUNERAL DIRECTO	OR SZIFUNCKZI	46%	ADDRESS 10 8 16 /4	154	VE DATIS		2 1S	67 25b. 92	CISTRAR'S	GNATO	udge	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ashauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eyent, within 72 haurs after death. VR A15 (4) 25M 1/67

Skeim bels Hoogewall

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07064

FOR STATE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			4								A A STORY	
HEALTH	DEPT.		PLACE OF DEATH				2. US	UAL RESIDENCE	Where deceased li	ved, if institution:	Residence before	e admission)
500	-		a. COUNTY			44.40		STATE		b. COUNTY		
26/3	÷	-	Pri	nce George	IS		YLAND Ma	aryland	<u>.</u>	rince Ge	orge's	
	nei		write RIRAL and	If outside corporate limit give nearest town)	its,	c. LENGTH OF STAY	IN IP C. CII.	Y OR TOWN (If a	utside corporate li	mits, write RURAL	and give neares	t tawn)
ON	ŧ		Chever	ן זר		DOA	_   F	Ivattsvi	11e		1601	
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	State Department of			eorge Gene			82		ndale Dr	rive		YES NO -
death. It e Pages with for	\$		NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Manth	Day	Year
0 0 5	the state of the s		Type or print)	Ant	hony	Louis	Costa	antino	OF DEATH	5	5	19 67
ofter death 8. Give Pag atong with	with the	S.	SEX	6. COLOR OR RACE	7. MARRIED			OF BIDTH	9. AG		UNDER 1 YEAR	IF UNDER 24 HR
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haurs Item 1 Office	ded 2	-	male	white				16-1891	75		12. CITIZEN OF	11/1/47
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24 in r's			ng most of working Barbe	C		-	I	taly			CONNIELS :	A .
u = u	pages urs off	13.	FATHER'S NAME					OTHER'S MAIDEN				
within 24 haurs ofter pencil in Item 18. Givv xaminer's Office atong	e p		Franc	is Costan	itino -		G	race M	. Couls	itto		
within 24 n pencil in Examiner's	tronsit permit. File pages event within 72 hours oft	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES	2 16	SOCIAL SECURITY NO.	17. INFORMA	ANT		Address		
ted:	ii.	(Ye	s, no, or unknown)	(If yes give war ar dates	of service l						/ 2	2
d be executed d "pending" i Chief Medicol	permit.		No		5	79-20-45				cantino	(abov	0 ad-
M	₫.፮		18. CAUSE OF DE	ATH (Enter only one co	use per line far	(a), (b), and (c).)	(	Wife)	dre	ess)	INTI	RVAL BETWEEN
p be	nsi		PART I. DEAT	TH WAS CAUSED BY:	(a) Hea	rt failure					mini	SET AND DEATH
599	ev ev		420	2 1		eriosclero		at disan	50			10 yrs
word the C	burial-tronsit in any event		Conditions, if any,			erroscrer	oute near	t ursea	.50		Over	TO ALS
S o	D 0		rise to immediat	e cause (a),	(b) E TO							
ate 3 th	0 · - p		stating the under	lying cause								
Ti Ti	as a		last.	,	(c)							
This certificate should be executed icate, writing the word "pending" in be forwarded to the Chief Medicol E	l be used removal,	z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	WINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19.	WAS AUTOPSY PERFORMED?
S 6	200	ATE									YE	S NO
This icate, be fo	l b	CERTIFICATION	20a. EXTERNAL CA		20b. DI	ESCRIBE HOW INJURY O	CCURRED. (Enter no	ature of injury in	Part I ar Port II a	of item 18.)		
	les. should l on, or re	ERI	PRIMARY ar COI	NTRIBUTING			,	1 /				
certifi hould	your tiles. Page 3 shoulc cremation, or			JRY Manth, Doy, Year	204 1	NJURY OCCURRED	20e. PLACE OF IN	ILIDY (II f	n. 20f. (Ci	t	/fh-\	154-4-3
With the	ati a	MEDICAL	Haur a.n	жт мапт, роу, теаг Л.	While			et, affice bldg., etc		ty ar tawn)	(Caunty)	(State)
e te	dge emo	×	p.n	n. 19	at war	k at work	,,	3,,				
Pog			21. I certify	y that I took charg	ge of the rer	mains described a	bave, held an	Autopsy .	Inspection	, Inquiry	y and	in my opini
ex ex	- 0 .0		deoth result		ral couses :					termined mann	THE REAL PROPERTY.	, ,
Se Se	bu bu				7/	11/	, odicido _	CHIEF MEDICAL		commed mam		
MED! pleose direct	DIRECT or to bur		ACTUAL	11-	1. 1	10/	1		DICAL EXAMINER	7	2	2. DATE SIGNE
> 0-0	RAL I		SIGNATURE	17	mil	197	M.D.					
EPUTY SSary, F funeral	0 2 0		EXAMINER'S	John Kahaa	MD	Riverda	le Md		AL EXAMINER 2		5-1	6-67
O DEPUTY MEDICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 should	o FUNERAL Health prior			John Kehoe					t, city, tawn, ar co	17		
o D D nece	He	230	REMOVAL (Specify	1		23c. NAME OF CEM				ON (City ar Tawn)		, ,
j-m	~		Buria	1/ 5/8	/67	Fort I	incoln	Cem.	Colm	ar Mano	r, Md	
VD A	15ME (5)	24	FUNERAL DIRECTO	D		ADDRESS	Rainie	r 2So REC	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUR	
om 6M	1/67		Tuneral	Homel da	ac.	Maryla	nd	DATEMA	1 1 0 19	167 SCL	carles (	udel

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	0706	5		CERTI	FICATE	OF DEATH		19	07	04	6	
1.	PLACE OF DEATH o. COUNTY		Riverda	ale MA	RYLAND	2. USUAL RESIDENCE (\) a. STATE Md.	Where dece	eased lived, if institut b_COVI PG		nce befor	e admissi	an)
		f outside corporate limit		c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If au	tside corpo	arate limits, write RUI	RAL and giv	e neares	t tawn)	
	Riverdale	give nearest tawn)  Md.		2Day	s.	Riverdale		Md.		/	61	/
	d. NAME OF HOSPITA	L OR INSTITUTION (If n	at in haspital, g	ive street address)		d. STREET ADDRESS	1				e. IS RESIDENCE ON A FARM?	
	Eugene Le	land Hosp	ital,			6102 6	3rd	Ave.			YES T	NO TO
3.	NAME OF	Fi	irst	Middle		Last	4. DATE	Mont	rh	Day	Ye	ar
	(Type or print)	E	thel	M		Crawlev	OF DEAT	H May	У	ls	t 19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED   8	B. DATE OF BIRTH		9. AGE (In years	IF UNDER			R 24 HRS.
	Remale	White	WIDOWED	DIVORC	ED 🔲	9-23-78		last birthday) 88 yrs.	Manths	Days	Haurs	Min.
10 du	a. USUAL OCCUPATION ring mast af warking l Housewif	(Give kind of wark dane ife, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY Home	è	11. BIRTHPLACE (County Md.	& State, ar	foreign country)		TIZEN OF		
13	. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
	Armiger.	Mr. Wi	lliam .			Campbell.	Ma	ary ann.				
10	WAS DEFEACED FUEL	CODOCCO ADMIN CODOCCO	1/ (	OCIAL SECURITY NO.	17. 11	NFORMANT	7476	Addre	ess			
(Y	es, no, ar unknawn) No	(If yes give war ar dates	of service) 57	9 42 2999	9 Eu	gene Leland	77	-24-7 1100	2 0			בת
	PART 1. DEAT  3327  Canditians, if any, rise to immediate stating the under last.	lying cause DUE	(a) (b) TO (c) (c)	ener	ala	Man	) 0	cliro	isis	mile	ERVALBE	hong
CERTIFICATION						HE TERMINAL DISEASE COM					WAS AUT PERFORM ES	NO
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Part I ar P	art II af item 18.)				
MEDICAL	20c. TIME OF INJU Haur o.m p.m	10	20d. IN While at wark	JURY OCCURRED  Not While at work		E OF INJURY (Hame, farm iry, street, affice bldg., etc.)		(City or town)	(Co	unty)		(Stote)
		y that (I) (this has ceased alive an_	pital) attend			death accurred at	967	ta M, fram causes	and an t			we) las d abave
	22a. SIGNATURE	WI	all	m	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. 9	ATE SIGN	ED	7
	NAME (Type)	hw,	MA	1-W	MO	2 /1	in	erd	at	1	22	10
	o. BURIAL, CREMATIO BRINDYAL Specify)	5/5/6		23c. NAME OF CE				LOCATION (City or To attsville		(Caunty		Md.
	4. FUNERAL DIRECTOR 'rancis G	asch's Sor	s Hya	ADDRESS ttsville,	Md.	2Sa. REC'D		1967 25b. RE	GISTRAR'S	IGNATU	udg	e

Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carl shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07066	CERTIFICATE	OF DEATH		07047
1.	PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution b. COUN	on: Residence befare admission) TY Prince George S
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corporote limits, write RUR	
	Greenbelt	18 days	Washingto	on, D. C.	47.3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
	Greenbelt Convalesce	ent Center	1263 Monroe	St., N. E.	YES NO K
3.	NAME OF DECEASED (Type or print) Henrietta Carr	Middle Cun	ningham	4. DATE Month OF May 5.	, 1967
S.	T-7 7 7	NARRIED NEVER MARRIED	9/12/1877	9. AGE (In years 8 last birthdoy) yrs.	Months Days Hours Min.
	USUAL OCCUPATION (Give kind af wark dane ingmost of warking life, even if retired)	Own Home	Atkins,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Edward McBride Ar	nn	Martha S	tepp	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes af serv		nformant dward P. C	Addres unningham, S	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  (b)  DUE TO  (c)	MANCER OF	PHAL		ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES \( \square\) NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Pa	rt I ar Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While at wark of work of the state of the st	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive on	) attended the deceased from <u>2</u> 19 <u>67</u> , and tha	<i>D IAPRIL</i> , 19. t death accurred at <u>4</u>	67 , ta <u>5 MAY</u> 1 <sup>30</sup> A M, fram causes o	and an the date stated above
	Howard M. Ja	nning M.	D. PHYS. L D	IED. STAFF PHYS.	22b. DATE SIGNED MAY S, 1967
	22c. PHYSICIAN'S Howard M. Ta	inning /	22d. ADDRESS G1	reenbelt, Mary	rland '
L	D. BURIAL, CREMATION, REMOVAL (Specify)  1. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR  National M  According to Address 1	emorial Pa	23d. LOCATION (City or Towns Falls C	vn) (County) (State) hurch Va GISTRAR'S SIGNATURE
1	Gawlers Furneral Home	e Wash., D. C.	DAMAY		Carles Luser

Wash., D. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. remove carbon popers. Pages, Tand nony event, within 72 hours after death and completely filled in by the please **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

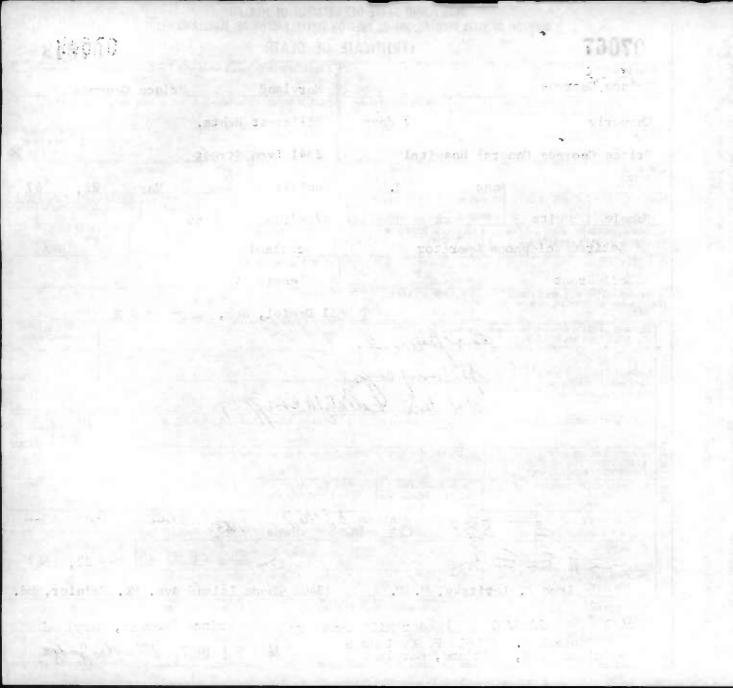
07067

CERTIFICATE OF DEATH

070/18

												0 . (	TA	
	CE OF DEATH						2. USUAL RESIDENCE	(Where de	ecease			nce befar	admissi	an)
d.	rince (	eorges			MARYL	AND	o. STATE Maryland			b. COUN		roes		
b. (	ITY OR TOWN (	If autside carparate limi	ts,	c. LENG	OTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL				RAL ond giv	AL and give nearest tawn)		
C	write RURAL an heverly	d give neorest town)			7 day	9	Hillcrest Hghts.					1.1		
		AL OR INSTITUTION (If I	nat in hospital.	give street			d. STREET ADDRESS	e mgi	160	· · · · · · · · · · · · · · · · · · ·	e. 15 RESIDENCE			
		Georges Gen	_				2341 Lyon	n St	ree	t			ON A F	ARM?
3. NA	ME OF CEASED		irst		Middle		Last	4. DA		Mant	h	Day	Ye	ar
(Tyl	pe ar print)		Anna		J.		Daniels		ATH	Mas		22.		67
S. SEX		6. COLOR OR RACE	7. MARRIEO	□ N	EVER MARRIED		8. DATE OF BIRTH®		9.	AGE (In years last birthday)	IF UNDER Manths	Days	IF UNDE	R 24 HRS Min.
F	emale	White	WIDOWED		DIVORCED		9/18/1900			66 Yrs.	multilis	Daks	110013	Will.
		(Give kind of work dans			USINESS OR		11. BIRTHPLACE (Count	y & State,	ar fare	ign cauntry)		TIZEN OF	WHAT	
auring	mast of warking	life, even if retired) red Telepho	one Ope	ndustry rato:	c		Scottane	d				OUNTRY?	USA	
	THER'S NAME		1 4				14. MOTHER'S MAIDEN					-		
	Neil (	Grant					Leonie	?						
1s. W	A C DECEACED DV	The section of the section	2 16.	SOCIAL SE	CURITY NO.	17. 1	NFORMANT	•		Addre	ess			
(Yes, n	o ar unknawn)	(If yes give war ar dotes	af service)					Car						
						11/E	il Daniel,	Son	9	Same As	1F 2	1		
18		<b>EATH</b> (Enter anly ane ca TH WAS CAUSEO BY:	iuse per line fa	r (a), (b),	and (c).)	7							RVAL BE	
	A A A	IMMEDIATE CAUSI	E (0)	IM	linen	_						O.C.	CI AND	DEMIII
	421.	3 DU	E TO	/	6 4									
Co	inditions, if any		M	./	al Mar	1.						1		
	e ta immediat		E 10	MAT	The state of the s	guy,							-	
	ating the unde	rlying cause	1	11	1. 6	11	+110							
=	st.	,	(c) CU	12 lle	Den Y	me	ug altry	fry						
2 P/	ART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH	BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE AC	MOITION	GIVEN	IN PART 1(a)		19.	WAS AUT PERFORM	OPSY NED?
ATI												YE	S	NO T
₹ 20		S UNDERLYING	20b. 0	ESCRIBE H	OW INJURY OCC	URRED.	(Enter noture af injury in	Part I a	Part	II af item 18.)				
풀		MEDICAL EXAMINER)												
7		URY Manth, Oay, Year	20d.	INJURY OC	CURRED	20e. PLA	CE OF INJURY (Hame, far	m. 2	Of.	(City ar tawn)	(Co	unty)		(State)
MED	Haur 'a.	m.	While	e _ No	at While		ary, street, affice bldg., etc			,		"		/
-	p.	11.	J di wa		t wark		11115	10	-	17.	10	-	. (1)	
		fy that (I) (this ho	spilal) aften				death accurred a	19 75	ta.	5722		th ج		
		eceased alive an_	2/000		1441, 01	nd that	death accurred a	1	Ni.	from causes				abav
2	2a. SIGNATURE	///	1				ATTENDING .	MED.	-	STAFF		ATE SIGNI		
_	2	- A Cont	m	-		M.E		DIRECTO	R L	PHYS. L	Mar	7 22	19	67
2	2c. PHYSICIAN'S NAME (Type	1		_			22d. ADDRESS							
	HAMIL (1 yhe	Leon R.	Levitsk	cy, M	I. D.		3408 Rho	de Is	1a	nd Ave.	Mt.	Rain	ler,	Md.
23a. E	URIAL, CREMATI	ON, 23b. DATE TH	HEREOF	23c. N	NAME OF CEMET	ERY OR	CREMATORY	23d	1. 100	ATION (City or To	wn)	(Caunty)	(9	state)
B	REMOVAL (Specify	5/25/	67	Cer	dar Hil	1 0-	motore:	p.	rin	ce Georg	200	Mana	1000	
-				77	ADDRESS	1 06	2Sa. RFC	D BY REG	GISTRA	ce Georg	GISTRAR'S	SIGNATUR	E	
1.20	0 0.34	Robert E.	Wilheli	m Fur	neral H	ome	DMA'	Y 2 4	10	967 RC	liarl	4.0.	del	
436	o sult.	land Road,	ouitla	na, i	rarylan	ICI	DAR!	1 4 4	: 10	1011	-	-0	1	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camperety filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07049

DATE

0700	,					
I. PLACE OF DEATH	da			here deceosed lived, if institu		ore odmissian)
PRINCE	GEORGES	MARYLAND	o. STATE NORTH	CAROLINA b. co	UNIT	
b. CITY OR TOWN	(If outside corporate limit	s, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side carparate limits, write R	URAL and give near	est tawn)
ANDREWS	AF BASE	2mo, 7 days	GOLDSBO	RO	70	2
		at in haspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
USAF HO	SPITAL AN	DREWS	628 FETCH	ET ST		YES NO XX
3. NAME OF	Fi	rst Middle	Lost		inth Do	Y Year
(Type or print)	SALL	Y ANN	DARNELL	OF DEATH MAY	9	19 67
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
FEMALE	CAU	WIDOWED DIVORCED	30 AUG 193	1 lost birthday) 3 5 yrs.	Months Doys	Hours Min.
Oo. USUAL OCCUPATION	N (Give kind of work done			State, ar foreign country)	12. CITIZEN C	
during most of workin HOUSEWI	life, even if retired)	INDUSTRY	MAS	S	COUNTRY	
3. FATHER'S NAME	1.1.	114.1	14. MOTHER'S MAIDEN N.		001	100
CHARIES	FREDERIC	K DONOVAN	TSARFI.	FRANCES SE	ALF	
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		ress	
(Yes, no, or unknown)	(If yes give war ar dates o		HUSBAND	SAME A	C #2	
		1023-24-1100	HODDAND		O_IF C	
18. CAUSE OF I	EATH (Enter only one cou	se per line for (a), (b), and (c),)			IN	TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE		RATORY FAI	LURE	0	NSET AND DEATH
Conditions, if an rise ta immedia stating the und last.	ATH WAS CAUSED BY:    MMEDIATE CAUSE   DUE   Owner   Owner	(a) CARDIAC & RESPE TO (b) FAR ADVANCED CA	ERATORY FAI	LURE EAST WITH	METASTAS	NSET AND DEATH
Conditions, if an rise ta immedia stating the und last.	ATH WAS CAUSED BY:    MMEDIATE CAUSE   DUE   Owner   Owner	(a) CARDIAC & RESPETO (b) FAR ADVANCED CATO (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO	ERATORY FAI	LURE EAST WITH DITION GIVEN IN PART I(a)	METASTAS	SIS WAS AUTOPSY
Conditions, if an rise ta immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTING (IF FITHER NOTHER)	ATH WAS CAUSED BY:    MMEDIATE CAUSE   DUE   Owner   Owner	(a) CARDIAC & RESPE 10 (b) FAR ADVANCED CA 10 (c)	ERATORY FAI	LURE EAST WITH DITION GIVEN IN PART I(a)	METASTAS	NSET AND DEATH  SIS  WAS AUTOPSY PERFORMED?
Conditions, if an rise ta immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTH)  20c. TIME OF IN Haur of	AS UNDERLYING   G CAUSE OF DEATH  AS UNDERLYING  G CAUSE OF DEATH  MEDICAL EXAMINER  JURY Month, Day, Year	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CATO  (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED 20e. PI	ERATORY FAI	LURE  EAST WITH  DITION GIVEN IN PART I(a)  art I or Port II of item 18.)	METASTAS	NSET AND DEATH  SIS  WAS AUTOPSY PERFORMED?
Conditions, if an rise to immedia stating the und last.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHER STATE OF IN Hour of the control of the contro	AS UNDERLYING   S CAUSE OF DEATH  AS UNDERLYING  S CAUSE OF DEATH  MEDICAL EXAMINER  JURY Month, Day, Year  m. 19  ify that (1) (this hos	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CARD  (c) CARDIAC & RESPETO  (d) FAR ADVANCED CARD  (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO COURRED  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED COUNTY OF COURSED COUNTY OF COURSED COUNTY OF COURSED COUNTY OF COUNTY OF COURSED COUNTY OF CO	THE TERMINAL DISEASE CONT.  (Enter noture of injury in PACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	LURE  EAST WITH  DITION GIVEN IN PART I(a)  art I or Port II of item 18.)  20f. (City or town)	METASTAS  (County)	WAS AUTOPSY PERFORMED?  (State)
Conditions, if an rise to immedia stating the und last.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHER STATE OF IN Hour of the control of the contro	AS UNDERLYING   S CAUSE OF DEATH  AS UNDERLYING  S CAUSE OF DEATH  MEDICAL EXAMINER  JURY Month, Day, Year  m. 19  ify that (1) (this hos	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CARD  (c) CARDIAC & RESPETO  (d) FAR ADVANCED CARD  (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO COURRED  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED COUNTY OF COURSED COUNTY OF COURSED COUNTY OF COURSED COUNTY OF COUNTY OF COURSED COUNTY OF CO	THE TERMINAL DISEASE CONT.  (Enter noture of injury in PACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	LURE  EAST WITH  DITION GIVEN IN PART I(a)  art I or Port II of item 18.)  20f. (City or town)	(County)  19_6.7 is and on the do	NSET AND DEATH  SIS  WAS AUTOPSY PERFORMED? PERFORMED? (State)  (State)
Conditions, if an rise to immedia stating the und last.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHER STATE OF IN Hour of the control of the contro	AS UNDERLYING  MAD AUSE OF DEATH  OF MEDICAL EXAMINER)  AS UNDERLYING  MEDICAL EXAMINER)  MEDICAL EXAMINER  MEDICAL EXAM	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CATO  (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  While Not While of twark of the deceosed from 19 May 1967, and the	THE TERMINAL DISEASE CONT.  (Enter noture of injury in Pace OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)  3 March 19 at death occurred of	LURE  EAST WITH  DITION GIVEN IN PART I(a)  art I or Port II of item 18.)  20f. (City or town)	METASTAS  (County)	NSET AND DEATH  SIS  WAS AUTOPSY PERFORMED? PERFORMED? (State)  hat (I):(We) lo ite stated abov NED
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PART I. DE.  Conditions, if an rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Hour of part of the control of the	ATH WAS CAUSED BY: IMMEDIATE CAUSE  (Y, which gave te couse (o), prlying couse  AS UNDERLYING  G CAUSE OF DEATH (MEDICAL EXAMINER)  IURY Month, Day, Year III. III. III. III. III. III. III. II	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CARD  (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of at work of the deceased from 1967, and the control of the deceased from 1967.	THE TERMINAL DISEASE CONE  (Enter noture of injury in P  ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)  3 March 19 at death occurred of 19 A.D. PHYS. 122d. ADDRESSUS A	LURE  EAST WITH  DITION GIVEN IN PART 1(a)  and 1 or Port II of item 18.)  20f. (City or town)  7:35 M from cause:  MED. STAFF DIRECTOR STAFF	(County)  (County)  19 6.71  s and on the do  22b. DATE SIG  Andrew  Vash DC	WAS AUTOPSY PERFORMED?  (State)  hat (Ik (we) lose the stated above the st
Conditions, if an rise to immedia stating the und last.  PART II. OTHER:  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Haur a saw the case of	ATH WAS CAUSED BY: IMMEDIATE CAUSE  (Y, which gave te couse (o), prlying couse  AS UNDERLYING  G CAUSE OF DEATH (MEDICAL EXAMINER)  IURY Month, Day, Year III. III. III. III. III. III. III. II	(a) CARDIAC & RESPETO  (b) FAR ADVANCED CARD  (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED  While of work of twark of the deceased from 1967, and the control of the deceased from 1967, and the control of the deceased from 1967.	THE TERMINAL DISEASE CONT.  (Enter noture of injury in PACE OF INJURY (Harme, farm, ctary, street, affice bldg., etc.)  3 March 19 at death occurred of AD. ATTENDING PHYS. 22d. ADDRESSUS ACC CREMATORY  EW CEMETERY	LURE  EAST WITH  DITION GIVEN IN PART I(a)  out I or Port II of item 18.)  20f. (City or town)  26.7 to 9 May 7:35 M, from causes  MED. STAFF  DIRECTOR STAFF  AF HOSPITAL  drewsAFB, W	(County)  (County)  (County)  19 6.71  s and on the do  22b. DATE SIG  Andrew  Vash DC  Town) (County)  VIRGINIA	WAS AUTOPSY PERFORMED?  (State)  hat (Ik (we) locate stated above the stat

4308 SUITLAND ROAD, SUITLAND, MARYLAND

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 1 should be detached for use as the hundl-transit normit. Then please remarks carbon pages. Pages 1 and

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0706	9		CERTI	FICATE	OF DEATH			0	7050	. /
1. PLACE OF DEATH a. COUNTY			AAA	RYLAND	2. USUAL RESIDENCE ( o. STATE		b. COU	INTY	efore admissio	on)
h CITY OF FOWN	nce Georges (It outside corporate limit	e	T c. LENGTH OF STAY		c. CITY OR TOWN (If o			ederick	mest town)	
write RURAL o	and give neorest tawn)	3,		111 10				KAL ONG GIVE NO	uiusi iowiij	
District			Week		11	- rre	derick	10	1 10 6001	DELLES
	PITAL OR INSTITUTION (If no	at in haspital, g	give street address)		d. STREET ADDRESS				e. IS RESID	ARM?
7121 Ca	bot Street				Route #	6- Fr	ederick,	Md.	YES 😓	NO 🗌
3. NAME OF	Fi	rst	Middle	-	Last	4. DATE	Mar	ith	Day Yea	ar
(Type or print)		Ursula	В.		Davis	OF DEAT	и Мау		10 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		24 HRS.
Female	White	WIDOWED	DIVORC	ED 🗍	July 5, 189	۲ ا	7.1. yrs.	Manths Da	ys Hours	Min.
	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		1	1 12. CITIZEN	OF WHAT	
during most of workin	ng life, even if retired)		DUSTRY		Elk Garden			COUNT	RY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Patr	ick Henry Br	רתערטי			Bridget.	Ther	esa Burke			
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17.	INFORMANT	11101	Addı			. =
	) (If yes give war or dotes		0 10 0710	1500	- Charles 1	167 - 4 1 - 2	D. 1	11/ 5		35.0
No	DEATH (Enter anly one cou		0 48 9549	IMIT.	s. Charles	watki	ns, Route	#O Fre	INTERVAL BET	
Canditions, if arrise to immedistating the una	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TY, which gave off cause (a),	(a) 10 (b)	mph	021	artim	a		(	ONSET AND D	
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	ONDITION GI	IVEN IN PART 1(o)		19. WAS AUTO PERFORM YES	OPSY IED? NO (X
OR CONTRIBUTION	/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I or P	Part II of item 18.)		179	/\
Hour Hour	NJURY Manth, Doy, Yeor o.m. 19	20d. IN While of work	NJURY OCCURRED  Nat While at wark		CE OF INJURY (Home, for tary, street, affice bldg., etc.		. (City or town)	(County	) (	(Stote)
21. I cer	tify that (I) (this has	pital) attend	ded the decease	d fram_	Der.	1954	to 10/44	10,1961	that (1) (	we) la:
saw the	deceased alive an	nay,	8 1967	and the	t death occurred at	IP	M, fram causes	and an the	date stated	abav
22a. SIGNATUR		VC	hase	14	D. ATTENDING D. PHYS.	MED. DIRECTOR	STAFF C	22b. DATE :		>
22c. PHYSICIAN NAME (Ty		V.C	hase	M	D. 804 To	11/	House,	Ave A	ederil	XM
23a. BURIAL, CREMA REMOVAL (Special	rion, 23b. DATE TH	1.967	23c. NAME OF CER Mount Ol		CREMATORY Cemetery		LOCATION (City or To rederick,		.,	itote)
24. FUNERAL DIREC		200	ADDRESS			D BY REGIS	STRAR 25b. R	EGISTRAR'S SIGNA	ATURE	
M. R	. Etchison	& Son.	Frederick	/	cyland May	16 4	007 000	iarla a		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07070 CERTIFICATE OF DEATH 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence o. COUNTY o STATE b. COUNTY b. CITY OR TOWN (If Jutside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL write RURAL and give neares IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X YES NAME OF Middle 4. DATE Month Lost Doy Year DECEASED 0F EAN (Type or print DEATH 1967 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthday) lost Months Days Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Alvert Terche School 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moR4 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO 10 HRS Conditions, if ony, which gave rise to immediate couse (o), DUF TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES -NO A 20a. ACCIDENT WAS JUNGERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL COMMINE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) 20c. TIME OF INJUNY (City or town) (State) 21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive an Scurred at 1 4 M. from causes and on the date stated above. saw the deceased alive an and that death 22a. SIGNATUR **ATTENDING** DIRECTOR PHYS. M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS 8808 OLD BRANCH AUE 23a. BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATOR' 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

ADDRESS

2So. REC'D

BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this directar, page 3 shauld be filed v O HOSPITAL VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

24 hours after

within

executed

the death certificate be

requires that

ATTENDING PHYSICIAN:

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physician on please

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07071 CERTIFICATE OF DEATH

1. PLACE OF DEATH  •. COUNTY  Death	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE b. COUNTY
Prince Georges MARYLAND	Maryland Prince George:
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Langley Park	Langley Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
1311 Merrimac Drive	1311 Merrimac Drive VES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) & OUIS R	DENNIS DEATH May 12 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
male   white   widowed   Divorced   ]	Dec. 9, 1899 67 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if relired)	
Attorney (retired) U. S. Gov't	New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis R. Dennis	Rosa Lee Davenport
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown)   (Ifyesgivewerordelesofservice)	INFORMANT Address 6106 Madison ST
yes   WW1   578-54-2774 :	Louis R. Dennis, Jr. East Riverdale
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Md . INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, I RUNTUNE	( neuryome 3 day
DUE TO DISENSULEW to	· Cardro Vas culari dos
Conditions, if any, which ) (b) Delmouran	1 Carcuston 9 moule
gave rise to immediata cause (a), stating the underlying DUE TO	10
cause lest. (c) pulmonary	suztry o en server you
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Ty	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT N  20b. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED CONTRIBUTING TO DEATH BUT N  20b. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT N  20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTING TO DEATH BUT N  20b. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT N  20c. ACCIDENT WAS UNDERLYING TO DEATH BUT N  20c. ACCIDENT WAS UNDERLYING TO DEATH BUT N  20c. ACCIDENT WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDER	ED. (Entar neture of Injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour e.m.  p.m.  19 While Not While at work at work	norp arrest other energy (16)
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	
( Solisto)	ATTENDING MED. STAFF SIGNED PHYS.   A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN NAME (Type) O / A h / h / = 5 CO 180 K / A	22d. ADDRESS
NAME (TYPE) OHANNES SAHAKYAN	6001 Equator Rd. Chewyh)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Steta)
Burial 5/16/67 Baltimore	National Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
The S. H. Hines Company Washing	eton, DG MAY 16 1967 yellanles Judge
	" 0

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07072		CERTIFICAT	E OF DEATH		07053
PLACE OF DEATH     O. COUNTY     Prin	ce Georges	MARYLAND	2. USUAL RESIDENCE ( a. STATE	Where deceosed lived, if institution b. COUN	
b. CITY OR TOWN (If autside of write RURAL and give near Glenn Dale (		LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Washingto	tside carporate limits, write RUR	AL and give nearest tawn)
d. NAME OF HOSPITAL OR INST	ITUTION (If not in hospitol, give s	treet oddress)	d. STREET ADDRESS 441 H St	., N. W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Richard	Middle D:	lckinson	4. DATE Month OF 5	3 Doy Year 3 19 67
S. SEX 6. COLOR Wh	OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4/28/1905	9. AGE (In yeors lost birthdoy) 62 yrs.	Months Days Hours Min.
Oo. USUAL OCCUPATION (Give kind during most of working life, even if Filling Sta. At 13. FATHER'S NAME	retired) INDUST tendant Gas St		Virginia 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
Richard L.  15. WAS DECEASED EVER IN U.S. AR (Yes, ng. or unknown) (If yes give	MED FORCESS 14 SOCIA	AL SECURITY NO. 17.	Lillie M INFORMANT Decedent	Addres	SS
DADT I DEATH MAC CA	DUE TO  (b)  DUE TO  DUE TO  DUE TO				interval Between onst and death 3 hrs.
20a. Accident Was Understill or Contributing Cause of (if Either, Notify Medical Ex	ICLETOSIS WITH IVASCULAT INS IG  20b. DESCRIB	arterioscle ufficiency.	rotic cardio	NDITION GIVEN IN PART 1(o) G vascular disea Port I or Port II of item 18.)	eneral 9. WAS AUTOPSY PERFORMED? YES X NO
20c. TIME OF INJURY Month Hour o.m. p.m.		Not While fo	ACE OF INJURY (Home, forn ctary, street, office bldg., etc.		(County) (Stote)
21. I certify that * saw the deceased	(this haspital) attended alive an 5/3/			9_67, to5/. 9:00M, fram causes of	31, 19 <mark>67</mark> , that (A) (we) last and an the date stated above
22o. SIGNATURE	of Ven	N	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5/3/67
22c. PHYSICIAN'S NAME (Type)	oe Weiss, M. D	•		enn Dale Hospi	tal
DEMOVAL (Speciful		amily Cemet	CREMATORY	23d. LOCATION (City or Tov Spotsylvania	
24. FUNERAL DIRECTOR F. Gasch's		ADDRESS			GISTRAR'S SIGNATURE .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove forban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after de Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

3202 \$6830 30 TO 10 COT 1-1 BUNG EF Cleme Onle (rerold AND WELL ST. MILLION. Intimant alm wastn no missaid . r. DEFENDING THE COLUMN TO THE COLUMN THE COLUM Teller State and inchesian by geliff HOVET . H STATES Mental L. Medianon 2/6-10-2115 | Tecolent - PER TROPE Y BARY TO GET THE BE 100113, NOV. the softest will be confident \$61515 Se 10.00 Class Dale Hospital Tou Welse, II. V. Clean Dole. Mr. AND WINDS LINE WINDS The secretary and a second sec 

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0707	73	13.67	CERTII	TICALE	OF DEATH			070	54
	PLACE OF DEATH o. COUNTY Prince Ge	eorges		MAR	RYLAND	2. USUAL RESIDENCE (1 o. STATE Maryland		b. COUNTY Prince	George	S
		f autside carparate limit: I give nearest tawn)	,	c. LENGTH OF STAY  30 days		c. CITY OR TOWN (If or	tside carparate limits	write RURAL of	nd give nearest	tawn)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no		ve street address)		d. STREET ADDRESS 4509 Oliv		7		ON A FARM?
	NAME OF	ALBERICO Fin	XXXX	Middle		lost Di Paolo	4. DATE OF DEATH	Month May	Day	Year
	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED			8. DATE OF BIRTH  3 /1 x0x34 190	9. AGE (II lost bi 63	n years TF L	under 1 YEAR onths Days	Haurs Min.
100 due	usual occupation ing most of working perating	(Give kind of work done life even if retired) Engineer		ID OF BUSINESS OR DUSTRY 10		11. BIRTHPLACE (County Italy		ntry)	12. CITIZEN OF UCOUNTRY?	WHAT
13.	FATHER'S NAME Bernardo	51-1-1-1-1-1		18		14. MOTHER'S MAIDEN UNKNOWN	NAME	371		
1S. (Ye	. WAS DECEASED EVE es no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates a		OCIAL SECURITY NO. 6-16-2510	17. I M <b>r</b>	nformant s. Margaret	E. DiPao	lo Rive	Oliver	St.
	18. CAUSE OF DE PART I. DEAT OF THE PART I. DEAT OF THE PART I. DEAT OF THE PART OF THE PA	e cause (a),	(0) Ade 10 (b) Cae	(a), (b), ond (c).)	zel	metate	e prota	te	ONS	RVAL BETWEEN ET AND DEATH  Dut 2 yr
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(a)		WAS AUTOPSY PERFORMED? S NO
CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	)CCURRED.	(Enter nature af injury in	Part I or Port II of ite	m 18.)		
MEDICAL	20c. TIME OF INJU Hour a.n	10	20d. INI While of wark	Nat While at work		CE OF INJURY (Hame, farm ary, street, office bldg., etc.		r tawn)	(Caunty)	(State)
		fy that (I) (thischese eceased alive an		ed the deceased	fram_ and that	, 1 t death accurred at	965, to 5- 275 AM, from	causes and	, 19 <u>67,</u> the an the date	at (I) (was las
	220. SIGNATURE	Havio G	telm	1	M.D	111101		AFF 2	May 10	
	22c. PHYSICIAN'S NAME (Type)	OLLAVIO				22d. ADDRESS 916 19th S				
I	a. BURIAL, CREMATIC REMOVAL (Specify Burial	5-13-19				Cemetery	23d. LOCATION Freder			
1	4. FUNERAL DIRECTO	7 6 1/1	20h	ADDRESS From Details	In Ma	- ALL BANY	1 5 1967	2S PEGISTR	RAR'S SIGNATUR	ege.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67

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with a live of party of parents of the of safety. I demonstrate the contract of the contract o

FOR STATE HEALTH DIP necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page, delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORD

11, 12, 13, 11, 12, MEDICAL MORE, MARYLAND #G389 6/12/ OF DEATH 21201 #8,

07055

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
O. STATE B. COUNTY Pennsylvania
b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Philadelphia 73.3
d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
517 West York Street YES NO
Lost 4. DATE Month Day Year
Dixon   DEATH 5 27 19 67
X B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
148/44/ 6/8/44 22 yrs. Months Doys Hours Min.
11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT
N.C. COUNTRY? U.S.A.
N.C. U.S.A.
Dorothy Dixon
17. INFORMANT Address
Lubie Dixon Rt. 2 Box 591 A Grifton, N.C.
. INTERVAL BETWEEN
onset and death
7.6211
Sugar have
fracture
ccident
D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO X
RRED. (Enter nature of injury in Port I or Part II of Item 18.)
RRED. (Enter nature of injury in Port I or Part II of Item 18.)
car involved in collision
car involved in collision
car involved in collision  e. PLACE OF INJURY (Home, farm, foctory, street, pffre, bldg, etc.)  coodrow Wilson Bridge, Prince George's, Md.
car involved in collision  e. PLACE OF INJURY (Home, form, foctory, street, pfire-bldg, etc.)  foodrow Wilson Bridge, Prince George's, Md.  e, held an Autapsy, InspectionX, Inquiry
car involved in collision  e. PLACE OF INJURY (Home, farm, foctory, street, pffrebldg, etc.) Goodrow Wilson Bridge, Prince George's, Md.
car involved in collision  PLACE OF INJURY (Home, farm, foctory, street, pfisebldg., etc.) Focdorow Wilson Bridge, Prince George's, Md.  Me, held an Autapsy, Inspection
car involved in collision  e. PLACE OF INJURY (Home, farm, foctory, street, pfts abldg., etc.)  Foodrow Wilson Bridge, Prince George's, Md.  re, held an Autapsy, Inspection X, Inquiry X, and in my opinic Suicide, Hamicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  22. DATE SIGNET
car involved in collision  PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Foodrow Wilson Bridge, Prince George's, Md.  Re, held an Autapsy , Inspection X, Inquiry X, and in my opinic  Suicide , Hamicide , Undetermined manner   CHIEF MEDICAL EXAMINER   22 DATE SIGNER
car involved in collision  e. PLACE OF INJURY (Home, farm, octory, street, ptire, bldg., etc.)  roodrow willson Bridge, Prince George's, Md.  re, held an Autapsy, Inspection X, Inquiry X, and in my opinic Suicide, Hamicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER X  5-28-67
car involved in collision  e. PLACE OF INJURY (Home, farm, officitory, street, pffrebldg., etc.)  Foodrow Wilson Bridge, Prince George's, Md.  e., held an Autapsy, Inspection, Inquiry, and in my opinion, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, STREET SIGNER, Address (Street, city, town, or county)  Car involved in collision, (County) (County) (Stote)
car involved in collision  P. PLACE OF INJURY (Home, farm, foctory, street, pfirebldg, etc.)  Foodrow Wilson Bridge, Prince George's, Md.  P. Hamicide , Inspection , Inquiry , and in my opinic of the medical examiner    CHIEF MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    TYLAND Address (Street, city, town, or county)  P. OR CREMATORY    20f. (City or town) N. C. (County) (Styte)
car involved in collision  e. PLACE OF INJURY (Home, farm, of cotory, street, pffrebldg., etc.)  Foodrow Wilson Bridge, Prince George's, Md.  e., held an Autapsy, Inspection, Inquiry, and in my opinic, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER

VR A15ME (5) 6M 1/67

Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death,

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0707	5	CERTIFIC	ATE OF DEATH	4	07056
1. PLACE OF DEATH o. COUNTY	nce Georges	MARYLAN	O. STATE	b. cou	ition: Residence befare admission)
	outside corporote limits,	c. LENGTH OF STAY IN 1		etside corporote limits, write RU	IRAL and give nearest town)
write RURAL and	give nearest tawn)	68 days			147 3
	le (rural)	n hospitol, give street oddress)	d. STREET ADDRESS	)11	I e. IS RESIDENCE
		ir nospiroi, give sireer oddress)			ON A FARM?
	le Hospital	W. 1 (I		ng St., S.E.	YES NO 🖈
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	
(Type or print)	Edith  6. COLOR OR RACE 7	. MARRIED NEVER MARRIED [	Dixon  8. DATE OF BIRTH	9. AGE (In years	17 19 67  I IF UNDER 1 YEAR   1F UNDER 24 HRS.
Female	Negro	WIDOWED XX DIVORCED [	12/22/1885	last birthdoy) Yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION during most of working Retired	(Give kind of work done ife, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Frank Da	de		Jane For	d	
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Addr	ress
(Yes, no, or unknown)	(If yes give wor or dotes of so	577-34-7271	Decedent		
18. CAUSE OF DB PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line for (o), (b), ond (c)) Chronic nephriti	is with uremia		3 ONSET AND DEATH
Conditions, if ony, rise to immediat stating the under last.	e couse (o), lying couse (c)	Arteriosclerotic			lation
2 Pulmona:	ry tuberculo	sis			PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU			18-10
20c. TIME OF INJU	10	20d. INJURY OCCURRED While Not While of work of work	e. PLACE OF INJURY (Home, farn foctory, street, office bldg., etc.		(County) (State)
saw the de	y that (1) (this haspit ceased alive an	ral) attended the deceased fra 5/17/67_1967_, and	m <u>3/10</u> , l I that death accurred at	9 67 ta 5/17 10A M, fram causes	, 19 <u>67</u> , that (\$\colon\cdot\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\cdot\colon\cdot\colon\cdot\cdot\colon\cdot\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\colon\cdot\cdot\colon\cdot\cdot\colon\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot
22o. SIGNATURE	here I	Wen	M.D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED 5/17/67
22c. PHYSICIAN'S NAME (Type)		iss, M.D.		enn Dale Hosp enn Dale, Mar	
230 BURIAL CREMATIC REMOVAL (Specify		3		23d. LOCATION (City or To	own) (County) (State)

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J. G., normalde H

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EBB Weter T. II.

Health prior to buriol, cremotion, or remaval, and in any event within 72 hours after death

VR A15ME (5) 6M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH

#11,12,13,1 MEDICAL EXAMINER'S ON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1tems

07057

1. PLACE C	DF DEATH				2. USUAL RESIDENCE (\	Where deceased lived, if	institution: Resident	ce before admission)
	ince George's		MARYLA	AND	o. STATE Pennsylv	ania	D. COUNTY	1
b. CITY	OR TOWN (If outside corporate limits	5,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou		rite RURAL and give	nearest town)
	RURAL and give nearest tawn)		DOA	1	Philadel	phia		75.3
d. NAME	OF HOSPITAL OR INSTITUTION (If no	it in hospitol, gi	ve street oddress)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	ince George's				3418 Car	lisle Stre	et	YES NO X
3. NAME O		st	Middle		Lost	4. DATE OF	Month	Doy Year
(Type or	print) Lau:	rine			Dixon	DEATH	5	27 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	DATE OF BIRTH	9. AGE (In y		Dovs Hours Min.
fema	le Negro	WIDOWED	DIVORCED		1-21-46	21	yrs.	Doys Hours Mill.
	OCCUPATION (Give kind of work done of working life, even if retired)		D OF BUSINESS OR USTRY		11. BIRTHPLACE (Stote	or foreign country)		UNTRY? U.S.A.
13. FATHER	'S NAME				14. MOTHER'S MAIDEN I	NAME		
I	ubie Dixon				Olivi	a Dixon		
	ECEASED EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. ft	IFORMANT		Address	
(Tes, no, or	unknown) (If yes give wor or dotes o	i service)		L	ubie Dixon	Rt." 591A	Grifton,	N.C.
	AUSE OF DEATH (Enter only one cou	se per line for (	o), (b), ond (c).)					INTERVAL BETWEEN
F	PART I. DEATH WAS CAUSED BY:	(a) Lace	ration of 1	Brai	n			ONSET AND DEATH
	8254 DUE							
	ions, if ony, which gove	(b) Mult	iple occip	ital	skull frac	tures		
	immediate couse (a), DUE							
last.		(d) Trau	ma - auto	acci	dent			
PART 1	I. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a)	19. WAS AUTOPSY
ATIO ATIO								PERFORMED? YES NO 🟋
CERTIFICATION OF STATE OF STAT	XTERNAL CAUSE WAS RY≥© or CONTRIBUTING □	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Port II of item	18.)	,
	OF DEATH.	Pas	senger in	car	involved in	collision		
WEDICAL 300 I	IME OF INJURY Month, Day, Yeor		JURY OCCURRED 2 2	De. PLAC	OF INJURY (Home, form	. 20f. (City or t	own) (Cou	inty) (State)
3:1	5am p.m. 5-27 19	67 While of work	Not While of work	Wood	ry, street, office bldg., etc.) row Wilson	Bridge. P	rince Ged	orge's. Md.
-	I certify that I took charge					Inspection X.	Inquiry X,	and in my opinion
1 1		Quses [	Accident X		de . Homicide	Charle .	ned monner	]
	A /	7	/ // //	0	CHIEF MEDICAL			
ACTUA SIGNA		2. M	atri			ICAL EXAMINER		22. DATE SIGNED
EXAM		7/				L EXAMINER		5-28-67
NAME		D. Ri	verdale, M	arvl	and Address (Street	, city, town, or county)		
230. BURIA	LEREMATION, 23b. DATE THE	REOF	23c. NAME OF LEMETE	RY OR C	REMATORY	23d. LOCATION (Cit	y or Town)	(County) (Stote)
REMO	VAL (Specify) /5-29	-67	Ayden			cly	Cha.	nc.
24. SONER	AL DIRECTOR	1-	ADDRESS		2So. REC	DENNEGSTRAR 100	256. REGISTRAR'S SI	GNATURE
12	13un 3891	3.T.6	anw./	Kish	LOC DATE	130	1 Jules	rees Judge

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		DEPARTMENT OF HEALTH JESTON STREET, BALTIMORE, MARYLAND 2120
07077	CERTIFIC	ATE OF DEATH
o. COUNTY PR. (	Georges - MARYLAN	2. USUAL RESIDENCE (Where deceosed lived, if instit o. STATE b. CO

	07077	CERTIFICATE	OF DEATH		07058
	PLACE OF DEATH  COUNTY PR. Georges		2. USUAL RESIDENCE (W	here deceosed lived, if institution b. COUNT	
ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURA	
	Cheverly		SEAT	FleasAng	16 /
(	name of Hospital or Institution (IF not in Prince George Ho		d. STREET ADDRESS 7003-A	- St. SE.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(	Type or print) HUA Rev	1 (	Dodson	DEATH /// F	4 21 1967
S. S		Ш	ct. 28,19]	9. AGE (In years lost birthdoy)  7. Syrs.	Months Doys Hours Min.
10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & D. C.		12. CITIZEN OF WHAT COUNTRY?
	fathers name dward Magner		Annie Rus		
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of sen	vice)	nformant artha Bake	Address (daugh	
	18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or line for (0) th), and (c).)	6		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a),	Infected string	of thigh	any utation	72 hR s
	stoting the underlying couse of the lost.	Brigherd vas	cular gang	rene	59 days
N.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE ONE	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATI	Diabetes melli	fus, Myocar		10515	YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture√of injury in Po	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital saw the deceased alive on	attended the deceased fram	<b>3/23/67</b> , 19 death accurred at_	, to <u>5/2/</u> M, fram causes at	, 19 <b>47</b> that (I) (we) las
	220. SIGNATURE John H. Be	ryly M.D	. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME A ype)	18	22d. ADDRESS		
230	BURIAL, CREMATION, REMOVAL (Specify) 5/24/6			23d. LOCATION (City or Town	
24.	FUNERAL DIRECTOR  ee Funeral Home	Washington	25o. REC'D	BY REGISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please retruce carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and sa any event, within 72 haurs after read VR A15 (4) 25M 1/67

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O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department at Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER:

VR A 15ME (5)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07078	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	07059
1. PLACE OF DEATH			nere deceased lived, if institution: F	Residence befare admission)
o. COUNTY Prince George Is	MARYLAND	o. STATE Maryland	b. COUNTY Prince	George 's
Prince George s  b. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide carparate limits, write RURAL a	and give nearest tawn)
write RURAL and give nearest tawn) Riverdale		Riverdal	0	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
6703 Goodluck Road		6703 Goodli	ick Road	ON A FARM? YES NO TX
3. NAME OF First	Middle		4. DATE Manth	Day Year
(Type or print) Joseph	Murgatroyd	Dolbey	OF DEATH 5	7 19 67
		8. DATE OF BIRTH	9. AGE (In years IF)	UNDER 1 YEAR   IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED A	21 June 1884	last birthday) Mo	inths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State a		12. CITIZEN OF WHAT
during most of working life, even if retired)  TOOL MAKEN	EREO CORP	ENGLAN	/D	COUNTRY?
13. FATHER'S NAME	- Exco Cont	14. MOTHER'S MAIDEN NA		U1- 3: 17
UNKNOWN		UNKNOW.	N	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	oLuck RD,
(Yes, na, ar unknawn) (If yes give war ar dates of ser		S. WALTER MAR	6809 6001	ERPALE, IND
18. CAUSE OF DEATH (Enter anly one cause p		4, 00112/21 1111	TIVE ENST VIEW	INTERVAL BETWEEN
DADT I DEATH WAS CALISED BY.	Heart failure			ONSET AND DEATH
	Arteriosclerotic h	cost discoss		
Conditions if any which gave >	Arterioscierotie n	eart disease		over 3 mo.
rise to immediate cause (a), DUE TO				
stating the underlying cause (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	PIRITING TO DEATH RUT NOT PELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
5	NOOTHO TO DEATH DOT HOT KEEKIED TO	THE TERMINAL DISEASE COND	mon orth in raki i(a)	PERFORMED?
20g. EXTERNAL CAUSE WAS	JOH DESCRIPT HOW INHIBY OCCUPATION	(Fater nature of injury in Da	at Lee Deat II of Steel 10.1	YES NO X
PRIMARY ar CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(criter nature at injury in Pa	int For Part II at Hem 18.)	
	Look Willey Occupant	er or hullipy (II)	T 001 (6')	(6 )
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, eary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State)
21. I certify that I taak charge of	f the remains described above, he	ld an Autapsy ,	Inspection X, Inquiry	X, and in my apinian
			Undetermined manne	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	CHIEF MEDICAL EX		
SIGNATURE AL	1000	M.D. ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED
FXAMINER'S	1	DEPUTY MEDICAL	EXAMINER 🔀	
NAME (Type) John/Kehoe, M.	D. Riverdale, Md	<ul> <li>Address (Street,</li> </ul>	city, tawn, ar caunty)	5-8-67
23a. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
CREMATION MAY //	967 FT. LINCOLN	CREMATORY	BLADEN BURG	MID
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D I	BY REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE
111.111 Clamber Co	The seed to be	ma DATE MA	Y 15 1967 80	world Judge

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS

FOR STATE in pencil in Item 18. Give Pages 1, 2, and 3 to

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department at Health priar ta burial, crematian, or removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR

8 May 1967

F. Gasch & Sons, Hyattsville, Md.

				O HEHAL BEEDENIES	NATA AND ADDRESS OF TAXABLE AT	a. Davidson hafarrait in h
<ol> <li>PLACE OF DEATH</li> <li>COUNTY</li> </ol>				ATATS O	Where deceosed lived, if institution b. COUNT	rv
	rince Georg		MARYLA		yland	Prince George
write RURAL o	(If outside corporate limit and give nearest town)	is,	c. LENGTH OF STAY IN		utside corporote limits, write RURA	AL ond give neorest fown)
			D.O.A.	Hyattsv	ille	161
	PITAL DR INSTITUTION (If n			d. STREET ADDRESS 2801 Ni	cholson Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	F	irst	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Lorin		Н.	Drennan	OF DEATH May	5 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE DF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED	☐ 29 May 1903	lost birthdoy) 63 yrs.	Months Doys Hours Min.
Jo. USUAL OCCUPATION	ON (Give kind of work done	10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
Retired -	eg lite even if refired) ty	pe l	NDUSTRY Gov't.	Ohio		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Unknow	m		Unkno	wn	
S. WAS DECEASED E	VER IN U.S. ARMED FORCES?	, 16	SOCIAL SECURITY NO.	17. INFORMANT	Addres	Potomac, Md.
No No	(If yes give wor or dotes	of service)	375-01-2503	Lorin H. Dren	non Jr., 11805	Milbern, Drive
18. CAUSE OF PART 1. DE	DEATH (Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE	Moo	or (o), (b), ond (c).) ssive hemorrh			INTERVAL BETWEEN MINUTES
	HIMITOINIE CHOSE					
581	DUE	TO				
Conditions, if on	DUE		sophageal va	rices		unknown
	DUE  ny, which gove ) ote couse (o),	(b) <u>Oes</u>				unknown
Conditions, if on	DUE  ny, which gove ) ote couse (o),	(b) <u>Oes</u>	sophageal var			unknown over 5 yrs.
Conditions, if on rise to immedia stoting the und last.	DUE	(b) Oes 10 (c) Cir	rhosis of l		NDITIDN GIVEN IN PART 1(0)	-
Conditions, if on rise to immedia stoting the undust.  PART II. OTHER  200. EXTERNAL ( PRIMARY OF CAUSE OF DEATH	DUE  17, which gove of couse (0), derlying couse SIGNIFICANT CONDITIONS COUSE  CAUSE WAS ONTRIBUTING	(b) Oes TO (c) Cir	rhosis of li	iver		over 5 yrs.  19. WAS AUTOPSY PERFORMED?
Conditions, if on rise to immedia stoting the undust.  PART II. OTHER  200. EXTERNAL (PRIMARY OF DEATH 200. TIME OF DEATH 200. TIME OF INHOUS CONTINUED TO THE PRIMARY OF T	DUE  TY, which gove of couse (a), derlying couse  SIGNIFICANT CONDITIONS COUSE WAS  CAUSE WAS  DUE  TOTAL TO	(b) Oes TO (c) Cir CONTRIBUTING  20b. D  20d Whil	TO DEATH BUT NOT RELATION TO DEATH BUT NOT RELATION TO DESCRIBE HOW INJURY OCCURRED 20	iver ED TO THE TERMINAL DISEASE CO	Port I or Port II of item 18.)  m, 20f. (City or town)	over 5 yrs.  19. WAS AUTOPSY PERFORMED?
Conditions, if on rise to immedia stoting the und lost.  PART II. OTHER  200. EXTERNAL (PRIMARY OF CAUSE OF DEATH  20c. TIME OF IN Hour C	DUE  One couse (0), derlying couse  SIGNIFICANT CONDITIONS (1)  CAUSE WAS ONTRIBUTING (1)  DUE  CAUSE WAS ONTRIBUTING (1)  DUE  TO THE CONDITIONS (1)  TO THE COURT (1)  TO TH	(b) Oes TO (c) Cir ONTRIBUTING  20b. D  20d Whill of wo	TO DEATH BUT NOT RELATION ESCRIBE HOW INJURY OCCU.  INJURY OCCURRED  Not While of work	IVER  ED TO THE TERMINAL DISEASE CO  JURNED. (Enter noture of injury in  De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)	Port I or Port II of item 18.)  n, 20f. (City or town)	Over 5 yrs.  19. WAS AUTOPSY PERFORMED? YES NO X
Conditions, if on rise to immediate to immed	DUE  TY, which gove of course (o), derlying couse  SIGNIFICANT CONDITIONS COURSE WAS OUTRIBUTING  DUE  TO THE COURSE WAS OUTRIBUTING  D.m. 19  If y that I took charg	(b) Oes TO (c) Cir CONTRIBUTING  20b. D  20d Whill of wo	TO DEATH BUT NOT RELATION OF THE PROPERTY OF T	<b>iver</b> ED TO THE TERMINAL DISEASE CO  JRRED. (Enter noture of injury in  De. PLACE OF INJURY (Home, for	Port I or Port II of item 18.)  n, 20f. (City or town) Inspection X, Inqui	Over 5 yrs.  19. WAS AUTOPSY PERFORMED? YES NO X
Conditions, if on rise to immediastoting the undust.  PART II. OTHER  200. EXTERNAL (PRIMARY OF DEATH Hour of CAUSE OF DEATH Hour of CAUSE OF DEATH CAUSE OF	DUE  TY, which gove of course (o), derlying couse  SIGNIFICANT CONDITIONS COURSE WAS OUTRIBUTING  DUE  TO THE COURSE WAS OUTRIBUTING  D.m. 19  If y that I took charg	(b) Oes TO (c) Cir ONTRIBUTING  20b. D  20d Whill of wo	TO DEATH BUT NOT RELATION OF THE PROPERTY OF T	iver ED TO THE TERMINAL DISEASE CO  JRRED. (Enter noture of injury in  De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)  ve, held an Autopsy,	Port I or Port II of item 18.)  n, 20f. (City or town)  Inspection X, Inqui	Over 5 yrs.  19. WAS AUTOPSY PERFORMED? YES NO X  ((County) (Stote)
Conditions, if on rise to immediastoting the undust.  PART II. OTHER  200. EXTERNAL (PRIMARY Or CAUSE OF DEATH 20c. TIME OF INHOUSE OF DEATH	DUE  TY, which gove of course (o), derlying couse  SIGNIFICANT CONDITIONS COURSE WAS OUTRIBUTING  DUE  TO THE COURSE WAS OUTRIBUTING  D.m. 19  If y that I took charg	(b) Oes TO (c) Cir CONTRIBUTING  20b. D  20d Whill of wo	TO DEATH BUT NOT RELATION OF THE PROPERTY OF T	IVER  ED TO THE TERMINAL DISEASE CO  URRED. (Enter noture of injury in  De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)  ve, held an Autopsy,  Suicide, Hamicide  CHIEF MEDICAL	Port I or Port II of item 18.)  n, 20f. (City or town)  Inspection X, Inqui	Over 5 yrs.  19. WAS AUTOPSY PERFORMED? YES NO X  ((County) (Stote)
Conditions, if on rise to immediate to immed	DUE  Ty, which gove of couse (a), derlying couse  SIGNIFICANT CONDITIONS COUNTRIBUTING  DUE  TO THE COUNTRIBUTION COUNTRIBUT	(b) Oes TO (c) Cir (c) Cir (c) Cir (d) Contributing  20b. Cir (d) While (d) While (e) of the re (d) cayses [	TO DEATH BUT NOT RELATION OF THE PROPERTY OF T	IVER  ED TO THE TERMINAL DISEASE CO  JRRED. (Enter noture of injury in  De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc  ve, held an Autopsy,  Suicide, Hamicide  CHIEF MEDICAL  M.D. ASSISTANT MEI DEPUTY MEDIC	Port I or Port II of item 18.)  n, 20f. (City or town)  Inspection X, Inqui  Inspection X, Inqui  Inspection X, Inqui  Inspection X, Inqui	Over 5 yrs.  19. WAS AUTOPSY PERFORMED? YES NO X  ((County) (Stote)  TY X, and in my apinion

Ft. Lincoln

ADDRESS

Colmar Manor

REC'D BY REGISTRAR
AX 8 1967

MAY 8

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F. LC C. - June, Brackeriller, Hd.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07080 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges MARYLAND = Maryland Prince Georges b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 31 minutes Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers 72 H d. STREET ADDRESS Prince Georges General Hospital Springhill 3. NAME OF Middle 4. DATE carban DECEASED 4EXIS (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED last birthdoy) WIDOWED DIVORCED Male White May 18. 1967 gud 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Insant 13. FATHER'S NAME or removal James Capers 17. INFORMANT (Yes, na, grynknown) (If yes give war or dates af service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar town) Hour a.m. factory, street, affice bldg., etc.) Not While at wark saw the deceased glive an May 18 1967, and that death accurred at 3:30 PM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22a. SIGNATURE DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Louis H. Moody, Jr., M.D. NAME (Type) Prof. Bldg. Greenbelt. Maryhand 23b. DATE THEREOF 23c. NAME OF CEMETERY OR EREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Tawn) REMOVAL (Specify) MAY 2 5 196 24. FUNERAL DIRECTOR

the death certificate be executed within 24 hours after death. OR ATTENDING PHYSICIAN: The law requires that hospitol

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(State)

(County)

22b. DATE SIGNED

e. IS RESIDENC

ONSET AND DEATH

19. WAS AUTOPS'
PERFORMED?

(State)

Months

12. CITIZEN OF WHA

COUNTRY?

ON A FARM?

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James Capers Emerson door house Milutelly

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W. W. Chambers with the or the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0708			CERTIF	ICATE	OF DEATH	1			070	62_
	PLACE OF DEATI a. COUNTY					2. USUAL RESIDENCE a. STATE	CE (Where dec	eased lived, If ins		idence befor	e admission)
	Prince	George			LAND	Mar	yland	P	rince	Goo	rge
	write RURAL	N (if outside corpora and give nearest to	ete limits, wn)	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	outside corp	oorate limits, wr	ite RURAL a	nd give nea	irest town)
	Gree	nbelt				Mt. Ran	ier		16	./	- 11
	d. NAME OF HOS	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street a	address)	d. STREET ADDRESS					RESIDENCE A FARM?
	Greenb	elt. Conva	alesan	t Center		3406 New	ton S	t. Ant.	3	YES	NO 🗌
	NAME OF OECEASED	F	Irst	Middle		Last	4. DATE	Mont	h	Day	Year
	(Type or print)	Bes	sie	Louise	9	Engel	DEATH	May	10		1967
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIE	D   8.	DATE OF BIRTH	9.	AGE (In years last birthday)	IFUNDER 1		DER 24 HRS.
F	emale	White	WIDOWED	DIVORCE	0 0	oct. 16.	1891	75 yrs.	Months	lays Hot	ILZ MILL.
10a.	USUAL OCCUPAT	ION (Give kind of working life, even if retir	kdone   10b. K	IND OF BUSINESS OF		11. BIRTHPLACE (Co		or foreign country	12. CIT	IZEN OF W	HAT
	ousewi		eu)	NDUSIKI		D C			U.	S.A.	
13.	FATHER'S NAM	E				14. MOTHER'S MAIL	EN NAME				
	Willia	m L. Snov	W			Anna C.	Burr	iss			
		EVER IN U.S. ARMED F		SOCIAL SECURITY NO	0.   17.	INFORMANT		Addre	ss		
(163	, no, or unkown,	(11 yes give war or untes	Of Service)		M-	rs Evelyn	Green	16			
T	18. CAUSE DF	DEATH [Enter only o	ne cause per l	ine for (a), (b), and (		D BYOL TIL	41001		1	INTERVAL	BETWEEN
		ATH WAS CAUSED B	Y:	Metadali	- (1	1000000				ONSET AT	D DEATH
	163X	IMMEDIATE CAUSI				W CONTRA				1	
	Conditions, If	any, which \	. 10	Page 1	1	the Or	40.4			6 m	mith.
	gave rise to	Immediate /	(b)	Joy work	4	VIQ Du	7				
	cause (a), si underlying caus	raring rue	E TO		0						
NO.			(c)	ITING TO DEATH BUT	NOT RELAT	ED TO THE TERMINAL D	DISFASE CONT	DITIONGIVENIN	PART 1(a)	119. WAS	AUTOPSY
ATI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7111419 551111 5011	NOT KEDI	ED TO THE TERRITORE	510210200111	, , , , , , , , , , , , , , , , , , ,		PER	FORMED?
FIG.	20a ACCIDENT	WAS UNDERLYING	1   20h	DESCRIBE HOW IN III	IBA UCCIIE	RED. (Enter nature of	E Injury in Da	ert I or Part II o	of Item 18)	YES	NO X
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DE	ATH	DESCRIBE NOW INTO	IKI OCCUP	(KED. (Eliter liature of	i injuly ili ra	act of raicit	/ Item 10./		
		INJURY Month, Day,		NJURY OCCURRED	20e PLAC	E OF INJURY (Home, fa	arm.   20f. (	(City or town)	(Coun	tv)	(State)
MEDICAL	Hour a.r	n.	While	Not While	factor	y, street, office bldg., e	tc.)	,010, 01 101111,	(002	-,,	(0,1117)
Σ.	p.r				-	1-	-1.46.	F 10	/-	7 //	
		y that (I) (this hos	pital) attend				964, to_	5-10			) (we) last
	22a. SIGNATUR	ceased alive on	0 01	196/,	and that	death occurred at	2W, 110	om the causes		TE SIGNED	teu above.
	ZZa. Sidikioi	Amala 1	U Est	nen	M.D.		MED.	STAFF PHYS.	2201	^	
-	22c. PHYSICIA		1	FACRE		22d. ADDRESS	2500 8	st-W	at Hy	hway	
	NAME (T)	(pe) VONAL	D C.	EDGKEN			Hart	twill !	nd.	)	
23a.			THEREOF	23c. NAME OF C			23d, LQ	CATION (City, to	own or cour	ty) i	(State)
I	BREMOVAL 1SPE	5-13	-67	Fort Li	ncol	n Cem.	Co.	Imar Ma	mor,	rid.	
24.	FUNERAL DIRE	CTOR		ADDRESS			C'D BY REGIS	/1/99	EGISTRAR'S		
	Lee Fu	neral Ho	me. Wa	shington	, D.	C. DAMAY	15 18	967 40	larly	Judy	الا

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CEPTIFICATE OF DEATH

07063

01004		CERTIFICA	TE OF DEATH		0.000
1. PLACE OF DEATH			o. STATE Mar	Where deceosed lived, if institution b. COUN	ion: Residence before odmission)  ITY Prince George
	Prince Georg		) IVIAI	yland	
b. CITY OR TOWN	(If outside carparate limits, nd give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If at College	utside corporate limits, write RUR	RAL and give nearest town)
*		3.1 San Area Address	d. STREET ADDRESS	Fair	l e. IS RESIDENCE
	ITAL OR INSTITUTION (If not in h			thmore Drive	ON A FARM?
	Manor Nursin				YES NO
3. NAME OF DECEASED (Type or print)	Rachel	(NMN)	Evans	4. DATE Mont OF May	30, 19 67
S. SEX		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
Female	White WI	DOWED DIVORCED	May 27, 18	70 9 7st birthdoy)	monins Doys nous mill.
100. USUAL OCCUPATION DE L'ACTION DE L'ACT	ON (Give kind of work done	10b. KIND OF BUSINESS OR HOSPital	11. BIRTHPLACE (County England	& Stote, or foreign country)	12 CITIZEN OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
James	Wescott Smith	1	Rebecca	?	
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	255
(Yes, no, or unknown)	(If yes give wor or dates of servi	220 4671062	Mrs. Barbar	a Marxs Sam	ne as #2
Conditions, if on rise to immedia stoting the und	y, which gove one couse (o), lerlying couse (c) (c) DUE TO (c)	FENERALIZED			20NSET AND DEATH
PART II. OTHER S	GIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a	o.m. 19	While Ot work Ot work	. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	)	(County) (Stote)
21. I cert saw the c	ify that (I) (this haspital) deceased alive an	attended the deceased fram	n <u>MAR, 13</u> , that death accurred at	19 6 / , ta MAY 3 11:35 PM, from causes	00, 1961, that (I) (we) last and an the date stated above
22o. SIGNATURE	46 120	wman	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED  MAY 31, 1967
22c. PHYSICIAN' NAME (Type	J.E. BOI	NMAN, M.L	D. 22d. ADDRESS 4621	- 18TH ST	, N.E.
230. BURIAL, CREMAT BURIAL Specif		23c. NAME OF CEMETERY Ft. Linco		23d. LOCATION (City or To	, , , , , ,
24. FUNERAL DIRECT		ADDRESS			GISTRAR'S SIGNATURE
		Hyattsville, Md		11/1	harles judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and interpretent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospitol or attending physician.

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100	and were as dead .e		Or Or
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		rigor	

FOR S HEALTH

any delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af

Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION	0F	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

0708	33	MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH		070	)64	
1. PLACE OF DEATH				2. USUAL RESIDENCE	Where deceased liv			re odmissio	n)
	ince George	ls.	MARYLAND	o. STATE Marvland		b. COUNT	ce Geor	ge Is	
b. CITY OR TOWN	(If autside corporate limit		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corparate lim	its, write RURA	At ond give neare	st town)	
Bowie	and give nearest tawn)		minutes	Bowie				1600	/
	PITAL OR INSTITUTION (If n	at in haspital, c		d. STREET ADDRESS			T	e. IS RESID	ENCE
	,		,					ON A FA	RM?
Penna R.  3. NAME OF	R. Tracks,	Zug Rd	Middle	12010 May	check Lar	Month	Day		
DECEASED	363	1151			OF	MUIIII	Da		
(Type or print) S. SEX	Mari		B.	Everett 8 DATE OF BIRTH	DEATH	(In years	IF UNDER 1 YEAR	IF UNDER	
3. 3EA	O. CULUK OK KACE		SC METER MARKED	8. DAIL OF BIKIN		birthday)	Months Days	Hours	Min.
Female	White	WIDOWED	DIVORCED	9-19-1924	142	yrs.			
	ON (Give kind of work dane ng life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote	or fareign country	)	12 CITIZEN O		
			ME-MAKER	WASHING	PON D.C.		Unite	d St	ate
HOUS FW 13. FATHER'S NAME	11.13			14. MOTHER'S MAIDEN	NAME				
DOY G	BRIDGES S	D		CALLIE	POTDO	PC			
TO THE DEFENCE DE	VED BUILD ADMED CONCEC	16.	SOCIAL SECURITY NO. 17.	INFORMANT (hush	sand l	Address	ST and D		Ma
(Yes po, ar unknawn	(If yes give war ar dates	af service)		ENJAMIN L.		וחבר ח	Lane, B	OWLE	, Ivid
				THO MINTH I	EVEREI.	TYVI	O MAYC		
	DEATH (Enter only one co EATH WAS CAUSED BY:							TERVAL BETY VSET AND D	
979	X IMMEDIATE CAUSE		al injuries	<del></del>					
Candidate of a		E TO							
rise to immedi	nγ, which gave ) ate cause (a).	(p)							
stating the und		E 10					1		
last.	)	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19.	WAS AUTO	
8							1	PERFORME YES \	NO TE
을 20a. EXTERNAL	CAUSE WAS	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of	item 1B.)			LEP
20a. EXTERNAL PRIMARY A or C	ONTRIBUTING					,			
	NJURY Month, Day, Year	Str	uck by Railroa	d train. ACE OF INJURY (Hame, farm	m. I 20f. (City	( ar town)	(County)		State)
⊖ Hour (	o.m.		Not While foc	tary, street, affice bldg., etc.	)		. ,,,	,	siute)
5:17pm				a. R.R. Tra	cks, Zug	Rd., B	lowie, Mo	1.	
		je of the ren	noins described above, he	eld on Autopsy 🔲,	Inspection [	x, İnqui	ry 🗽 ond	d in my	opinion
deoth resu	ulted from: Notur	ol couses	Accident Suid	cide 🗷 , Homicide	Undete	ermined mo	nner 🔲		
	// /			CHIEF MEDICAL	EXAMINER				
SIGNATURE	10/1	Un /	10/2	M.D. ASSISTANT MEI	DICAL EXAMINER			22. DATE :	SIGNED
EXAMINER'S	110	1		DEPUTY MEDIC	AL EXAMINER				
NAME (Type)	John Kehoe,	M.D.	Riverdale, M	d. Address (Stree	t, city, town, or col	unty)		5-4-6	7
23a. BURIAL, CREMA			23c. NAME OF CEMETERY OR		23d. LOCATIO	N (City or Town	n) (County	y) (St	tate)
REMOVAL (Speci Burial	15/6/	1067	National Mer	morial Par	ו בים	a Chee	mah Tra		2 -
24. FUNERAL DIREG			ADDRESS TOTACTI	D C 2So. REC	D BY REGISTRAR	S Chu	ISTRAR'S SIGNATU	REGIN:	T-97—

DATEMAY 8

1967

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
07001	CERTIFICATE OF DEATH	norch

11/1184	OEK III IOATI	OI DEATH		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE ( a. STAJE	Where deceased lived, If ins b. COUN	titution: Residence before admission)
PRINCE GEORGES	MARYLAND	MARYLI	AND PRIA	VCE GEORGE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If out	side corporate limits, wr	ite RURAL and give nearest town)
RURAL	9 Mo.	KURAL -	WASHING	Stor, DC-
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
12405 DELORAINE CIR.		12405 DELC	RAINE CIR	YES NO
3. NAME OF First DECEASED	Middle	Last 4	DF	1 4 1
5. SEX 6. COLOR OR RACE 17. MARRIED	I-RANCIS /	FENEY	DEATH MAY	3 19 67
14.4.1 MARKIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	Months   Days   Hours   Min.
MALL WIDOWED		AN, 23 190;	65 yrs.	
during most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	LICEMAN	NEW	YORK	U.SH.
THE MADE TO COM	1-1/	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	COOLAL SECURITY NO. 1 17	INFORMANT	th JOHZ	RTY
(Yes no or unknown) [(If yes nive war or dates of service)]	11 11		Addres	0 0 1
		GNES FEEN	EY-WIFE 1	4BOVE
18. CAUSE DF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).			ONSET AND DEATH
IMMEDIATE CAUSE (a)	que	me		14000
Cenditions, If any, which	Paris Bank	1 - 1/11	1 1	44
gave rise to immediate	vine y yes	5 Fyli	river	1 yugres
cause (a), stating the DUE TO underlying cause last.	restate:	June 11	. 1	- When a
	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART 1(a) 119, WAS AUTOPSY
8 Minter	1.11.1- 1	201/100	N. A.	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED/ Enter nature of In	ury in art I or Part II o	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		/		
ZDc. TIME OF INJURY Month, Day, Year   20d. In		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
ZDc. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work	Mot wille	ry, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended		10/	3 184 En -31	
saw the deceased alive on May 25	19	death occurred a		and on the date stated above.
22a. SIGNATURE	and that	"	6	22b. DATE SIGNED
( Man / bandeless	M.D	ATTENDING MEI	ECTOR PHYS.	
NAME (Type) E. Stuart Lvd		22d. ADDRESS	3 G+ W W	14
	dand, M. D.		e St. N. W.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) June 1,1967	23c. NAME OF CEMETERY	-	23d. LOCATION (City, to	own or county) (State)
	Sts Peter&P		Elmira, BY REGISTRAR   25b. RI	New York
Joseph Gawleng Sonta T.			11.000 8	
Joseph Gawlers Son's I	nc. Wash, D.	C. DATEIN 7	1967	carles Judges

VR AI5 (4) 20M 1/65

# FOR STATE HEALTH DEPT.

any delay is

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and whether State Department of Health prior to burial, cremation or removal and is a superpression. Health priar ta burial, cremation, or removal, and in any event within 72 hours after deal

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0708	5	MEDICAL EXAMIN	ER'S CERT	IFICATE OF	DEATH	OF	YORE
1. PLACE OF DEAT	Н				here deceosed lived, if instit		percre outrission)
o. COUNTY	Prince George	s MARYL		ryland	Prir	nce Geor	gets
	N (If outside corporate limits,	c. LENGTH OF STAY IN			side corporote limits, write F		
Chever	ond give neorest town)	DOA	I I		le	16	/
d. NAME OF HOS	SPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STR	REET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince	George General	Hospital	390	9 Nichol	son Street		YES NO DO
3. NAME OF DECEASED (Type or print)	Forres	Middle	Fergi	Lost		onth	Doy Year 22 1967
S. SEX		MARRIED NEVER MARRIED		OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male	White W	IDOWED DIVORCED	□ 6 AT	ril 1940	lost birthdoy) 27 yrs.		Doys Hours Min.
10o. USUAL OCCUPAT during most of work	10N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. 1	NEW JE	r foreign country)		EN OF WHAT
13. FATHER'S NAME		IV.S.AMMY		OTHER'S MAIDEN NA			0,0.
NHOL	E FEE	RGUSON	1	AURA	JACOBS		
1S. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES?  n) ((If yes give wor or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMA			AME A	5#2
Conditions, if consists to immediate unlast.	ony, which gove liote couse (o), derlying couse DUE TO (c) _	er line for (o), (b), ond (c).)  Carbon monoxid	e intox:				INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERM	MINAL DISEASE COND	DITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEAT	CONTRIBUTING   H.	20b. DESCRIBE HOW INJURY OCC  Tnhaled carl 20d. INJURY OCCURRED	oon mono		garage at ho	me.	ty) (Stote)
3:00mm		While Not While of work of work	foctory, street	t, office bldg., etc.)		le, Md. lson St	(31010)
death res	tify that I taok charge of sulted from: Natural ca	the remoins described aboutses , Acrident X,	Suicide [	, Homicide   CHIEF MEDICAL E	, Undetermined		and in my apinian  22. DATE SIGNED
SIGNATURE EXAMINED S NAME (Avoe)	John Kehoe, M.I	. Riverdale	M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street.			5-23-67
230. BURIAL, (REMAREMOVAL (Spe	ATION, 236. DATE THEREOF		TERY OR CREMATO		23d. LOCATION (City or	Town) (C	ounty) (Stote)
24. FUNERAL DIRP		, RIVERDALE,	MD,	11/12	By REGISTRAR 2Sb 25 1967	REGISTRAR'S SIG	NATURE

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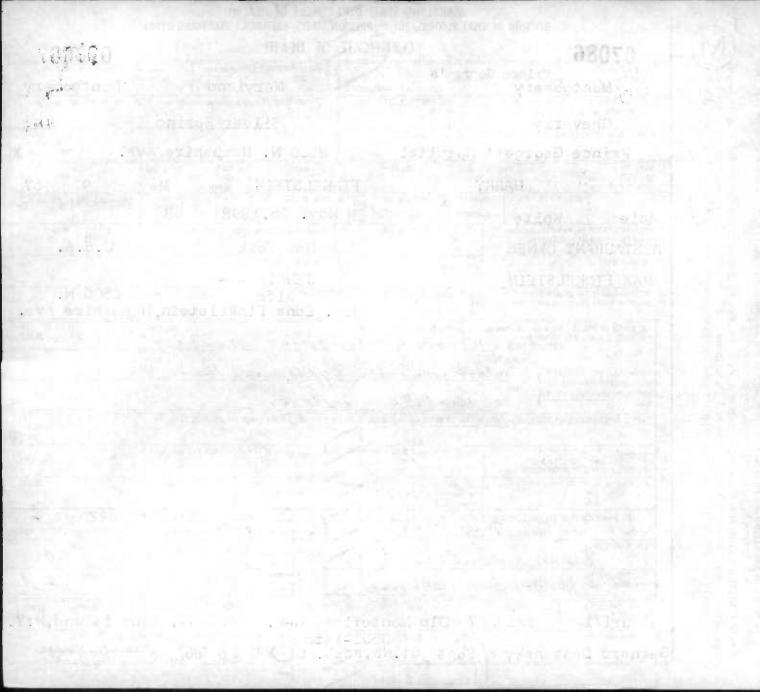
County Barbus, 1.1. Street (20) In. 1 - 1 - 1 - 1

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07086		CERTIF	CATE OF DEATH		07066
1. PLACE OF DEATH o. COUNTY	Prince G	eorge's	DIATE OF TATE	h COUN	on: Residence before odmission)  TY  Montgomery
write RURAL ond gi	verly	c. LENGTH OF STAY II		side corporote limits, write RUR	16:1
	or Institution (If not in I	Hospital	d. STREET ADDRESS	Hampshire Av	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First HARR	Middle	lost FINKELSTEIN	4. DATE Month	h Doy Year
	. COLOR OR RACE 7. A	MARRIED NEVER MARRIED  IDOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
0o. USUAL OCCUPATION (G luring most of working life RESTAURAN	ive kind of work done even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8  New Yor	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  MAX FINK			JENNIE		
1S. WAS DECEASED EVER II (Yes, no, or unknown) (If	N U.S. ARMED FORCES? yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT Wife Mrs. Edna Fi	Addre nkelstein.H	<pre>% 8500 N. ampshire Ave.</pre>
PART I. DEATH  260X  Conditions, if ony, w	WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO hich gove ) (b) (	r line for (o), (b), and (c).) Cononary To	Combosis,	accepte	INTERVAL BETWEEN ONSET AND DEATH
rise to immediate a stating the underlying last.		Diahette	mellisos		en.
PART II. OTHER SIGN	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Hour o.m.	Month, Doy, Yeor	20d. INJURY OCCURRED While Not While of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	that (1) (this haspital ased alive an	) attended the deceased	fram <i>OCX 10</i> , 19 nd that death accurred at 2	66, to may for courses of	and an the date stated abav
220. SIGNATURE	dore A	lulmen	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-10-67
22c. PHYSICIAN'S NAME (Type)	ISIDORE	SHULMAN	22d. ADDRESS	19 8h 4 TN	w De
230. BURIAL, CREMATION, REMOVAL (Specify	23b. DATE THEREOF 5/12/		refiore Cem.	23d. LOCATION (City or Tow Queens, Lo	vn) (County) (Stote) ng Island, N. Y
24. FUNERAL DIRECTOR Bernard D	anzansky &	Sons St.NW	Ol-14th 250. REC'D DAMAY	BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after dealth be retained by the hospital or ottending physician. TO HOSPITAL Page 4 moy

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after dept

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
Prince Georges  Maryland  O. STATE Maryland  Prince Georges
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RIIRA) and give peacest town)
write RUKAL and give nearest tawn)
Cheverly 3-1/2 days Greenbelt  d. NAME OF HDSPITAL DR INSTITUTION (If not in hospitol, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
ON A FARM?
Prince Georges General Hospital 45 D Ridge Road YES NO
3. NAME OF DECEASED (Last) Middle Middle (First) DATE Month Doy Year OF OF MORTIS DEATH May 19. 1967
S. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . B. DATE OF BIRTH 9. AGE (In yeorsIF UNDER 1 YEARIF UNDER 24 HR
Male White WIDDWED DIVORCED 100 birthdoy) 77 yrs. Months Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Clothing Russia COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
unknown  1s. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address LL5_D Ridge Rd
(Yes, no, or unknown) (If yes give wor or dotes of service)
No 062-05-7436A Esther Gerson, Daughter Greenbelt, Md.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  ONSEJ AND DEATH ONSEJ AND DEATH
IMMEDIATE CAUSE (a) Cerebra Vas cula heronulyo 2002 and 173
33/X DUE TO
Conditions, if ony, which gove) (b) Cerell Afterno cleaning gelly
rise to immediate couse (o), Stating the underlying couse DUE TO
last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED?
200. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
B   DR CONTRIBUTING □ CAUSE OF DEATH
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour open) (County) (Stote)
p.m. 19 at work of work of work
21. Veertify that (I) (this tax fitted) eftended the deceased from 19 19 19 19 May 19 1967, that (I) (wee) II
say the deceased give an 19 1967 and that death accurred at 12:10M, from causes and an the date stated above
220. SIGNATURE PM STAFF 22b. DATE SIGNED
M.D. ATTENDING DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DISTAFF DIRECTOR DIPHYS. DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIP
22c. PHYSICIANS 22d. ADDRESS
NAME (Type) William C. Weintraub, M. D. Prof. Bldg. Greenbelt, Maryland
23 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
SEMOVAL (Specify) 5-21-12 M +1 m P 1 7 11 P1
24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
11 11 2 1 MAY 2 2 1967 07/1-16 ()
Stoldberg Funeal Home 1/217-97 14. M. M. DATE & 2 1001 June 100

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OZOSS CERTIFICA	OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesed lived, If institution Resident Spore edmission)
. COUNTY P	o. STATE b. COUNTY D
b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town	c. CITY OK TOWN (If outside corporate limits, write KOKAL and dive nearest town)
Lamel	Jamel 16.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  o. IS RESIDENCE
109 2 1 1+	109 2 and It VES [] NO IT
3. NAME OF First Middle	Lost 4. DATE Month Day Year
DECEASED	OF So
(Type or print) / rances laula /	ishle DEATH May 2 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Year IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED TO DIVORCED	F. 1. 38 1889 7 Xyrs. Morius Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OABUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 1 1 1 1 1 1 1
Housemple Hame	Daurel 1100 054
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
hames / Edle les	Drawer Shipley
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	ANFORMANT Address
(Yes, no, or unkown) (Iffyes give war or datas of service)	In the factor that
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	sumona 3 dogs
331X DUE TO COM	
Conditions, if eny, which	spelles her Dust 34h
gave rise to immediate cause	- Festate Course,
(a), stating the underlying DUE TO	- + 01 P- Co 15 - 16 41
causa last. (c) Typerely	useon your - 3 10 y
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<b>*</b>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Steta)
	clory, straet, office bldg., etc.)
p.m. 19 at work at work	11
21. I certify that (I) (this hospital) attended the deceased from	9/79 194/ to 5/2 1967, that (I) (we) last
_/	t death occurred at 0. M., from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
220. SIGNATORE ALL ALCONDO	ATTENDING MED. STAFF SIGNED
	M.D. PHYS. DIRECTOR PHYS.
22c. PHYS/CIAN'S NAME (Type)	22d. ADDRESS
Munren	James Mis
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county). (Stata)
MEMOVAL (Specify) S- 5-17	of Com Laured had
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	a content of the cont
ADDITION S SIGNATURE	25. REGID BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Ne Will Douglason Kame	DATE JOOT

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## FOR STATE HEALTH DEPT

d within 24 hours ofter death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta Examiner's Office along, with form PM3. Page To State Deportment of necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, "the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along, with form This certificate should be executed within 24 hours ofter death. If TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: 5 may be retained for your files.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0708	3	MEDICAL EXAMINER	'S CERTIFICATE C	F DEATH		07069
o. COUNTY	ince George's	MARYLAND	2. USUAL RESIDENCE ( o. STATE Maryland		if institution: Residen b. COUNTY Howard	ice before odmission)
b. CITY OR TOWN ( write RURAL and	If autside corporote limits, d give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or			e nearest town)
	AL OR INSTITUTION (If not in hos		d. STREET ADDRESS	- 200	13.2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) S. SEX	emorial Hospita First  McLure 6. COLOR OR RACE 7. MA	Middle  Lawrence  RRIED M NEVER MARRIED	RFD 1, Box Lost Fisher  8. DATE OF BIRTH	4. DATE OF DEATH  9. AGE (In lost birl		Doy Year 3 19 67
male 10o, USUAL OCCUPATION during most of morking 13. FATHER'S NAME	(Give kind of wark dane	DWED DIVORCED  11. BIRTHPLACE (State	or foreign country)	yrs. 12. Cl	TIZEN OF WHAT DUNTRY?	
18. CAUSE OF D	R IN U.S. ADMED FORCES? (If yes give wor or dotes of service EATH (Enter only one couse per I TH WAS CAUSED BY:	ine far (a), (b), ond (c).)	T. INFORMANT TO THE PROPERTY OF THE PROPERTY O	sher of	Paddress by arrived	INTERVAL BETWEEN
Conditions, if ony rise to immediat stating the underlast.	IMMEDIATE CAUSE (o) HIS DUE TO A., which gave (b)	eart failure creation	heart disease	e 		nnset and peath minutes unknown
CATION		TING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		0b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of iten	n 18.)	
20c. TIME OF INJU- Hour o.r p.r	n.	20d. INJURY OCCURRED 20e. While Not While of work	PLACE OF INJURY (Home, forn foctory, street, office bldg., etc.		town) (Co	unty) (Stote)
	y that I taak charge of the ted fram: Natural caus	e remains described above, es 🔀, Accident 🗌,	held an Autapsy [], Suicide [], Homicide CHIEF MEDICAL		Inquiry 🖈	ond in my opinio
ACTUAL SIGNATURE	John !	efn	M.D. ASSISTANT MED	DICAL EXAMINER [		22. DATE SIGNED
FYAMINED'S	//		DEPUTY MEDICA	AL EXAMINER		~ 1 /~

EXAMINER'S NAME (Type)

Kehoe, M.D. 23b.

Riverdale, Md.

Address (Street, city, town, ar county)

1967

5-4-67

5-

Clarles

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Poge ent af Depart Stot he word "pending" in pencil in Item 18. Give Pag to the Chief Medical Examiner's Office olong with pages 1 ond 2 with the hours ofter deoth burial-tronsit permit. File event within any ⊆ 0 ond SD be used or removol, 3 should cremation, DIRECTOR: Page prior

MARYLAND STATE DEPARTMENT OF HEALTH Item #2c Film #U388 5/12/67 pc

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY COUNTY Prince George's Mar yland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Landover Laurel 16,1 Cheverly DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO X Prince George General Hospital 104 Woodlawn Ct. 3 NAME OF Middle 4. DATE Month DECEASED 67 (Type or print) Florentine Thomas DEATH Henry S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 2-22-1897 male white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dwing most of working life even if retired) Sell'Emp. LISANTRY? Baltimere, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Christina Lembarde Henry Florentine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 2203 Eastridge Rd. (Yes. no. or unknown) 213-20-9975 Mrs Mary E. Elerentine, Temenium, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Heart failure ninutes Arteriosclerotic heart disease DUE TO unknown Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Diabetes - over 2 months NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While ot work at work 21. I certify that I took charge af the remains described above, held an Autapsy , Inspection x Inquiry x, and in my apinion Natural causes X death resulted fram: Suicide Homicide Accident 1 Undetermined manner CHIFF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION May 5, 1967 BALTIMORE, MATIONAL CEM. BALTIMORE. MARYLAND

DATE

Ocharles Judge

VR A15ME (5) 6M 1/67

Harold S. Wade, Laurel, Maryland

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0709			CERTIFIC	ATE OF DEATH	8	07	7071	
1.	PLACE OF DEATH o. COUNTY Prince G	eorges		MARYLAN	Maryland		ince Ge	orges	
	write KUKAL on	eorges (If outside corporate limit d give nearest town)	S,	c. LENGTH OF STAY IN 1		outside carparate limit	s, write RURAL a	and give nearest t	own)
-	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in hospital, give	19 Hours e street oddress)	d. STREET ADDRESS	ile		(e '.l	IS RESIDENCE ON A FARM?
	Prince G	eorges Gene	ral Hos	oital	6802 - 23	3rd Ave.		YE	
3.	NAME OF DECEASED (Type or print)	F	rst Maud	Middle F.	Fort	4. DATE OF DEATH	Month	Doy 24.	Year 19 6 7
S.	. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (	In years IF		F UNDER 24 HRS.
	Female	White	WIDOWED		10/8/89	lost I	oirthdoy) Mo	onths Doys	Hours Min.
		N (Give kind of work done	10b. KIND	OF BUSINESS OR STRY		ty & State, or foreign co	-	12. CITIZEN OF V COUNTRY? U.S.A.	
1	3. FATHER'S NAME				14. MOTHER'S MAIDE			U D D D	•
	Henry	T. Roland			France	es S. Car	neron		
1	S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. INFORMANT			1080-P	lum Dr
1	Yes, no, or unknown)	(If yes give wor or dotes		3-50-6238	Mrs. Norma	a V. Nil			
	Conditions, if on rise to immedio stoting the under last.	r, which gove te couse (o), erlying couse	TO (c)	elral for	D TO THE TERMINAL DISEASE C	CONDITION CIVEN IN D.	ADT I/al	30	ysentila sai
CERTIFICATION	200 ACCIDENT WA	no teme	J		RRED. (Enter noture of injury i			YES	AS AUTOPSY ERFORMED?
CFRTI	OR CONTRIBUTING	S INDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. 0130	CIDE TOW THOOK? OCCO	KKED. (ETHOL TOTAL OF ITIDAY)		1011 10.j		
MEDICAL	20c. TIME OF IN	IURY Month, Doy, Yeor	20d. INJU While of work	Not While	e. PLACE OF INJURY (Home, for foctory, street, office bldg., e		or town)	(County)	(Stote)
	21. I cert	ify that (I) (this hes	nital\ attende	d the deceased fro	m 1960 , I that death occurred o	19, taM 13:10p M, fran	ay 24,	, 19 <u>6</u> 7, that an the dote	(I) (v <b>eek</b> las
	220. SIGNATURE	ny Oth	lots 2	u V			STAFF CHYS.	22b. DATE SIGNED	
1	22c. PHYSICIAN'S NAME (Type		tsky, M.	. D.	22d. ADDRESS	le Island	Ave. Mt	Rainier	Md.
	30. BURIAL, CREMATI REMOVAL (Specif	5/26/	67	23c. NAME OF CEMETER Fort Lis	or CREMATORY	Colman	(City or Town)	(County)	(Stote)
5	24. FUNERAL DIRECTO Home	The legis	Funer	al ADDRESS Mt Maryla	Mainier 250. RE	C'D BY REGISTRAR	2Sb. REGISTI	RAR'S SIGNATURE	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR 25

STITUETTA UNATED TO Prince Designs (Special Margins) 1992 - 21rd Ays. Just . N. hout Hatte Barry Licon Lawfielder, N. H. . . . . . 30 No. Proce In Land Nov. . 15 . Safetier. . 16.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

OF THE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07072

		the state of the s
1	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	PRINCE GEORGES. MARYLAND	MARYLAND PRINCE GEORGES
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Δ	write RURAL and give nearest town) NDREWS AF BASE 5 Days	FORRESTVILLE /6/
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
1		ON A FARM?
=	USAF HOSPITAL ANDREWS AFB	8303 Beltz Drive   YES□ NO ☑
13	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) EDWARD H. GALPERN	DEATH MAY 7 1967
1	7. WARRIED AT METER MARKIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
L	MALE CAU WIDOWED DIVORCED	17 Jun 1918   48 yrs.   World   1918
1	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ľ	USARMY USARMY	PENNSYLVANIA USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ь	TODALE CALDEDN	COLDIA ADDAMCON
-	ISRALE GALPERN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	GOLDIA ABRAMSON INFORMANT Address
	(Yes, no, or unkown) [(If yes give war or dates of service)]	
=		VIFE SAME AS #2
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Crest
Г	4201 DUE TO //	DRUTE DIU MONDRY FREMA I HR
	Conditions, if any, which ) (b) HEART FAILURE &	ACUTE PULMONARY EDEMA THR
	gave rise to immediate ( cause (a), stating the DUE TO	
	underlying cause last. (c) MYOCARDIAL IN	FARCTION
1	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	YES NO NO
1	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ICE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
18		ory, street, office bldg., etc.)
1		
		2 May, 19.6.7, to 7 May, 19.6.7, that \$\( \) (we) last
	saw the deceased alive on 7 May 19 67 and that	t death occurred a5: 15M from the causes and on the date stated above.
	22- SIGNATURE	22b. DATE STUTED
1	Atcharal A Mesally M.	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS USAF Hospital Andrews
/	NAME (TYPE ICHARD J. WISELY, CAPT, USA	
12	23a. BURIAL, CREMATION, 23b DATE THEREOF + 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Specify) 5/11/67 Arlington N	lat. Cem. Arlington, Virginia
1	24. FUNERAL DIRECTOR ADDRESS 3501	1 4 th 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Bernard Danzansky & Sons St. Wash.	AND THE RESERVE OF THE SECOND
	Total and the same of the same	

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CERTIFICATE OF DEATH

07073

PLACE OF D	e Georges		MARYLAND	2. USUAL RESIDENCE (  Q. STATE Mary 1 and	Where deceased lived, if inst b. C	itution: Residence L	before odmission)
b. CITY OR T	TOWN (If autside carparate limits,	,	c. LENGTH OF STAY IN 1b		utside corparate limits, write	RURAL ond give ne	earest town)
Cheve:	RAL and give nearest town)		31 days	Hyattsvil	l le	110.1	
	HOSPITAL OR INSTITUTION (If no	t in hospitol, o	give street address)	d. STREET ADDRESS		737	e. IS RESIDENCE ON A FARM?
Prince	e Georges Gener	cal Hos	spital	4110 Warne	er Ave.		YES NO
3. NAME OF DECEASED (Type or prin	nt) Samu		Middle	Lost Gandler	4. DATE NO SEATH ME	Nonth	Day Year 3 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED	12/15/1895	lost birthday		ays Hours Min.
10o. USUAL OCCL during most of v	UPATION (Give kind of work done working life, even if retired)		ND OF BUSINESS OR DUSTRY		& Stote, or foreign country)	12. CITIZE	N OF WHAT
13. FATHER'S N				14. MOTHER'S MAIDEN			
(Yes, no, or unk	ISED EVER IN U.S. ARMED FORCES? Inown) (If yes give wor or dotes of E OF DEATH (Enter only one coust I. DEATH WAS CAUSED BY:	se per line for	18-10-8488A M	0	SANDLER 4	TIB WAR YYATTSV	INEIZ AJE  INTERVAL BETWEEN  ONSET AND DEATH
	1201 IMMEDIATE CAUSE (		rcliovascular		T:		
Conditions rise to imm stoting the lost.	DUE  s, if ony, which gove mediote couse (0), e underlying couse	10 Ge (b) Ge 10 Seve	ute myocord ne arteriorche	lial Infanc notic Cardi	ovaneulor &		19. WAS AUTOPSY
Conditions rise to imm stoting the lost.	i, if ony, which gove mediate couse (a), e underlying couse THER SIGNIFICANT CONDITIONS CO	(c) Seve	ute myocord ne arteriorche	lial Infaro notic Cardi o the terminal disease co	O Vasculor Sendition Given in part 1(0)	)	
Conditions nise to impost to impost to impost.  PART II. O  200. ACCIDING OR CONTRICTOR	if ony, which gove mediate couse (a), e underlying couse DUE  ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)  OF INJURY Month, Doy, Year dour own	(c) Seve	COLE MY OCCURRED  SCRIBE HOW INJURY OCCURRED  NJURY OCCURRED  NJURY OCCURRED  NOT While  100	lial Infaro notic Cardi o the terminal disease co	Port I or Port II of item 1B.  m, 20f. (City or town	)	19. WAS AUTOPSY PERFORMED? YES NO TO
Conditions rise to imm stoting the lost.  PART II. O  OR CONTRI (IF EITHER),  20c. TIME	DUE  i, if ony, which gove mediate couse (a), e underlying couse  THER SIGNIFICANT CONDITIONS CO  ENT WAS UNDERLYING   ENT WAS UNDERLYING   ENT WAS UNDERLYING   OF INJURY Month, Doy, Year	(c) Sevee  DNTRIBUTING TO 20b. DE 20d. II While of work	COLUMN OCCURRED TO NOT WHILE OF WORK OF WHILE OF WORK OF THE OF WO	Lial Infance  Cardia  O THE TERMINAL DISEASE CO  D. (Enter noture of injury in  PLACE OF INJURY (Home, forr octory, street, office bldg., etc.)	Port I or Port II of item IB.  m, 20f. (City or town)	) (County	19. WAS AUTOPSY PERFORMED? YES NO 15  YES (State)
Conditions rise to imm stoting the lost.  PART II. 0  200. ACCIDIN (IF EITHER, 20c. TIME H	DUE  i, if ony, which gove mediate couse (a), e underlying couse  ENT WAS UNDERLYING   ENT WA	20b. DE 20d. II While of wor ital) attenday 8,	SCRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not While of work of the deceased from 19 67, and the	D. (Enter noture of injury in octory, street, office bldg., etc.  April 7, not death accurred of M.D. ATTENDING M.D. PHYS.	Port I or Port II of item IB.  m, 20f. (City or town)	(County)  (County)  (County)  (County)  (County)  (County)  (20)  (County)	19. WAS AUTOPSY PERFORMED? YES NO 10  (State)  7, that (11 (we) la date stated abov
Conditions rise to imm stoting the lost.  PART II. O  200. ACCID  OR CONTRI  (IF EITHER, 20c. TIME H  220. SIGN  220. PHYS	DUE  i, if ony, which gove mediate couse (a), e underlying couse  ENT WAS UNDERLYING   ENT WA	20b. DE 20d. II While of wor opital) attenday 8,	SCRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not While of work of the deceased from 19 67, and the	D. (Enter noture of injury in place OF INJURY (Home, for notory, street, office bldg., etc.  April 7, not death accurred of M.D. ATTENDING M.D. PHYS.	Port I or Port II of item IB.  m, 20f. (City or town)  19.67, to May & 9.50 M fram caus  MED. AM. STAFF DIRECTOR PHYS.	) (County)  3 , 19.67 es and on the 22b. DATE May	19. WAS AUTOPSY PERFORMED? YES NO (State)  7, that () (we) ladate stated above SIGNED
Conditions rise to imm stoting the lost.  PART II. O OR CONTRI (IF EITHER, 20c. TIME H 210. SIGN 220. SIGN 220. SIGN 220. BURIAL, CI REMOVAL BURYLAL	DUE  is, if ony, which gove mediate couse (a), e underlying couse  ENT WAS UNDERLYING BUTTIONS CO  ENT WAS UNDERLYING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)  OF INJURY Month, Day, Year four form.  p.m.  19  I certify that (b) (this hasp the deceased alive an Nature  VALUE  VALUE  SICIAN'S  ME (Type)  U. Hern:  REMATION, 23b. DATE THE (Specify)	20b. DE 20d. II While of wor soital) attenday 8, seeden	SCRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not While of work of the deceased from 19 67, and the	D. (Enter noture of injury in octory, street, office bldg, etc.  April 7, not death accurred of M.D. ATTENDING PHYS.  PLACE OF INJURY (Home, farroctory, street, office bldg, etc.  April 7, not death accurred of octory, street, office bldg, etc.  April 7, not death accurred of octory, street, office bldg, etc.  April 7, not death accurred of octory, street, office bldg, etc.  April 7, not death accurred of octory, street, office bldg, etc.	Port I or Port II of item IB.  m, 20f. (City or town  19.67, to May & 9.50 M fram caus  MED.AM. STAFF DIRECTOR STAFF DIRECTOR PHYS.	(County) (Co	19. WAS AUTOPSY PERFORMED? YES NO X  NO X  7, that (\( \) (we) lo date stated above signed  8,1967  21 22 26 27 28 29 30 31 31 32 32 33 34 34 35 36 36 36 37 38 38 38 38 38 38 38 38 38 38 38 38 38

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

within 24 hours

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceosed lived, if institution: R	eule te to fare almission)
O. COUNTY PRINCE GEON	CC L MARYLAND	o. STATE Maryla	nd b. COUNTER	ince Georges
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporote limits, write RURAL on	nd give neorest town)
write RURAL and give nearest tawn)  FORRES TUVLLE	39 days	Seat Pleasa	ant	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in 1	haspital, give street address	d. STREET ADDRESS		1 1 % RESIDENCE ON A FARM?
	ING HOME	5114 Valle	<u> </u>	YES NO
3. NAME OF DECEASED (Type or print) DOROTHER	E. GAR	ROELLA 4.	DATE Month OF MAY	S 1967
P (1)	MARRIED NEVER MARRIED B	A 10 /1901	9. AGE (In years last birthday) Mar	INDER 1 YEAR IF UNDER 24 HRS.  On this Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	rate, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John A. Sheil		14. MOTHER'S MAIDEN NAM Harriet J.		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of serv		NFORMANT len R. Morris	Address 5114 Valley B	Road S. E.
18. CAUSE OF DEATH (Enter only one cause per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).)	Hvent	Diseaso	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse	Arterresce	L. Fie H	sert Dis	5403
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CAUSE OF DEATH (FEITHER NOTICE MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	inter nature of injury in Port	I or Port II of item IB.)	
20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State)
21. I certify that (I) (this hospital sow the deceased alive on	attended the deceased from			, 19 (a), that (i) (we) lass on the date stated above
220. SIGNATURE	Azym MD			2b. DATE SIGNED
22c. PHYSICIAN'S BERNAR	D KADEN M. C	22d ADDRESS	Wuylor Kd.	J.E. Wo. h
230. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City or Town)	(County) (Stote)
Burial Specify) 5-10-19			Arlington	Virginia
24. FORERAL DIRECTOR Celebraly	4398 Salltond	DAMAY	REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

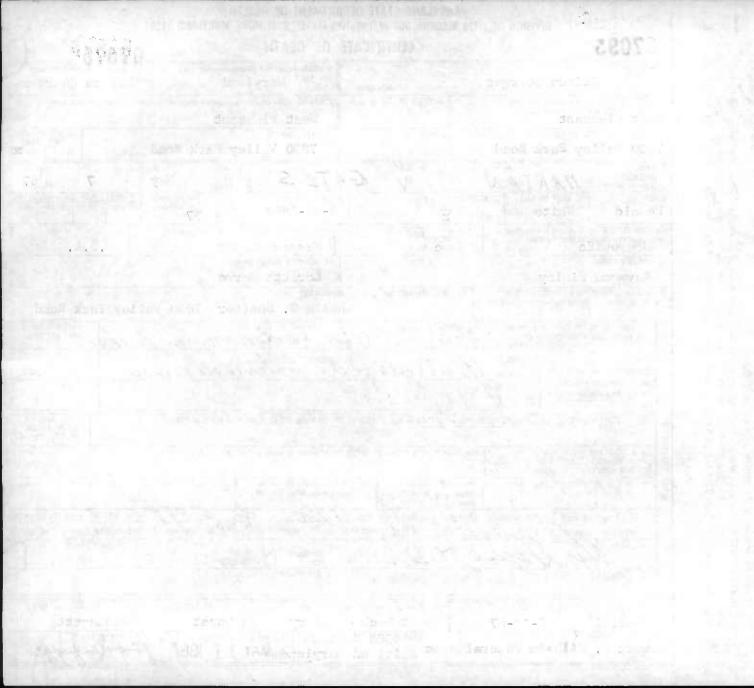
07095

CERTIFICATE OF DEATH

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-		7	0	17	5	
	M.	ã.	1 i	4	AR	

VR A15 (4) 25M 1/67

1. PLACE OF DEATH o. COUNTY Pr	ince Georges		MARYLAND	2. USUAL RESIDENCE (V			ion: Resider			
b. CITY OR TOWN (If a write RURAL and g Seat Pleas	outside corporote limits, ive neorest town) ant	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If ou Seat Plea		e limits, write RUI	RAL ond giv	e neorest	t town)	
	or Institution (II not in by Park Road	ospitol, give street ode	dress)	d. STREET ADDRESS 7830 Val.	ley Par	rk Road			e IS RESID ON A FA YES	ENCE RM? NO 🔀
3. NAME OF DECEASED (Type or print)	MARION	M	iddle G	4TES	4. DATE OF DEATH	Mon	th	Doy 7	Yea 19	
S. SEX Female	Title 2 fees		MARRIED   DIVORCED	B. DATE OF BIRTH 3-27-1890	9.	AGE (In years lost birthdoy) 77 yrs.	Months Months	Doys	Hours	24 HRS. Min.
100. USUAL OCCUPATION (C during most of working life 11011 SEWITE	Give kind of work done , even if retired)	10b. KIND OF BUSINI INDUSTRY Home	SS OR	11. BIRTHPLACE (County ) Massachus		ign country)	12. CI	TIZEN OF DUNTRY?	WHAT	
13. FATHER'S NAME Raymond F				14. MOTHER'S MAIDEN N						
Yes, no, or unknown) (II	N U.S. ARMED FORCES? yes give wor or dotes of serv	ice). 16. SOCIAL SECUR		INFORMANT heila G. Sha	ffer	7830 Va.		Park	Road	1
Conditions, if ony, wrise to immediate a stating the underly lost.	ouse (o), ( DUE TO	Arterio  General  BUTING TO DEATH BUT	ulize	d Arter	nord	lerisi		19.	WAS AUTO PERFORME	OPSY .
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE HOW	NJURY OCCURRED.	(Enter noture of injury in I	Port I or Port	II of item 1B.)				10 (_
20c. TIME OF INJURY Hour 'o.m. p.m.	Month, Doy, Yeor	20d. INJURY OCCURE While Not Whot work of work	ile 🖳 🗆 loc	ACE OF INJURY (Home, form tory, street, olfice bldg., etc.)		(City or town)	(Co	unty)	(2	Stote)
22c. PHYSICIAN'S NAME (Type)	that (1) (t <del>his hos</del> pital pased alive an	122 19: 5 M L	, and the	22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. D	he date ATE SIGNE	ED	above
230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 5-10-67	Grea	of CEMETERY OR	emetery	Onse		assac		tts	ote)
24. FUNERAL DIRECTOR Robert E. V	Wilhelm Fune:	ral Home S	RE\$308 Su	itland 250. RECD	BY REGISTRA	1967 A	GISTRAR'S			



Item 18 Film 389 5-29-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE DF DEATH a. CDUNTY 1. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY ges 1 Prince George's Marvland MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b P within 72 hours write RURAL and give nearest town) Camp Springs .5 Camp Springs papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5211 - Colonial Drive - Colonial Drive n and completely f remove carbon paranger in any event, withir 3. NAME DE First DATE Middle Month DECEASED DF bsom May 19th (Type or print) DEATH DATE OF BIRTH 6. COLOR OR AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days Female White WIDOWED [ DIVORCED May 6th, 1921 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician please r 三 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Domestic Housewife Dunkirk, Indiana 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME attending premit. Then Charles Helen Rectinanus Racer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the attenit 0 Curtis A. Gibson cremation. Husband 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), been signed s the burial-transit PART I. DEATH WAS CAUSED BY: Corcinomato IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Original site undetermined (b) gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. has 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After d While Not While at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should lied with the and that death occurred at 230 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page STAFF MED. DIRECTOR ATTENDING M.D. director, pal should be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) David N. Robb Lane, Camp Springs, Md. 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) IOOF Cemetery May 22-1967 Burial Indiana Dunkirk . 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1661- Good Hope RD. SE Wash.

Geo s

12. CITIZEN OF WHAT

COUNTRY?

Same as

usa

e. IS RESIDENCE ON A FARM?

Year

19 67

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO T

(State)

(State)

PERFORMED?

YES I

(County)

22b. DATE SIGNED

YES

NO XX

VR A15 (4) 20M 1/65

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death

that the

OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07097			CERTIF	ICATE	OF DEATH			0101	6	
1. PLACE OF DEATH o. COUNTY Pr	ince George	¹s	MARY	/LANO	2. USUAL RESIDENCE ( O. STATMaryla			n: Residence b		
b. CITY OR, TOWN write RURAL or	(If outside corporate limited give negrest tawn)	rs,	c. LENGTH OF STAY I		c. CITY OR TOWN (If a Greent		te limits, write RUR.	AL ond give ned	orest town)	
	TAL OR INSTITUTION (If n	,			d. STREET ADDRESS	Ridge	Road	- 13	e. IS RE ON A YES	SIDENCE FARMXX NO X
3. NAME OF DECEASED (Type ar print)		irst ames	Middle F.		Last Griggs	4. DATE OF DEATH	Month May		13, 19	Year 9 <b>6 7</b>
S. SEX Male	6. COLOR OR RACE White	7. MARRIEDX WIOOWED	NEVER MARRIED DIVORCED		. DATE OF BIRTH 4/13/29	9.	last birthday) 38 yrs.	Manths Da		DER 24 HRS. S Min.
10a. USUAL OCCUPATIO during mast of warking Salesma	N (Give kind of work done life, even if retired) n riggs		DUSTRY.		11. BIRTHPLACE (Caunty Oh	y & State, ar fai i O	reign country)	COUNT	N OF WHAT RY?	
13. FATHER'S NAME	Emmett R G	riggs			14. MOTHER'S MAIDEN Gertr	NAME ude F	Azbell	181	ij,	
1S. WAS DECEASED EV (Yes, na, or unknawn)	ER IN U.S. ARMED FORCES? (If yes give war or dotes	of service) 16. S	ocial security no. 3 30 8824		NFORMANT tty Jane Gr	iggs	Addres Greenbe	elt, Md		
Conditions, if any rise to immedia stating the undulast.	y, which gave ) te cause (a),	(b) <u>(b)</u> (c)	Lacitin Facitin	all t	Lumber of the terminal DISEASE CO	tacton	Fills		ONSET AND	
OR CONTRIBUTION OR CONTRIBUTION OF FITHER NOTIFY	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)				Enter nature af injury in				YES XX	
20c. TIME OF INJ	JURY Month, Day, Year	20d. IN While at wark	JURY OCCURRED  Not While at wark	20e. PLAC	E OF INJURY (Home, fari iry, street, affice bldg., etc	m, 20f.	(City or town)	(County)		(State)
21. I cert	ify that (I) (this ha deceased alive an_	spital) attend	led the deceased	fram_A and that			May 13 from couses o		, that (I) date state	
22a. SIGNATURE	John K	4. 13a	ugly	M.0		MED. DIRECTOR	STAFF PHYS.	22b. DATE 9		7
22c. PHYSICIAN' NAME (Type		Bayly,	1. D.		22d. ADDRESS 1835 Eye		N.W., Wa		on, D	.c.
23a. BURIAL, CREMATI REMOVAL (Specif Burial	y) May 16	EREOF 1967	23c. NAME OF CEME Ft Linco.		metery	Coli	cation (city or tow nar Manor	· Pro G	eo Md	(State)
24. FUNERAL DIRECTO	or ch's Sons	Hyattsv	ADDRESS ville, Md		2Sa. REC	Y 17		GISTRAR'S SIGNA Clarker	4	e.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after described.

To the deposit of \*\*

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1835 Eye St. Co. N. C. Marking ten. 11.C. John Sayly a met

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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07070

01030		CERTIFICAT	E UF DEATH		01013
1. PLACE OF DEATH 0. COUNTY Prince (	Georges!	MARYLAND	o. MARYLAN	D b. co	CHARLES
b. CITY OR TOWN (If out:	side corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparate limits, write R	URAL ond give neorest town)
Andrews 1	negrest town) If Force Base	6 Days	ROCK PO	INT	18.2
d. NAME OF HOSPITAL OR	R INSTITUTION (If not in hospital,		d. STREET ADDRESS		e. IS RESIDENCE
USAF HOSP.	. ANDREWS		GENERAL	DELIVERY	ON A FARM? YES NO X
3. NAME OF	First	Middle	Lost	4. DATE Mo	nth Doy Year
(Type or print) JC	OHN J.	GRIMES		DEATH MAY	14, 1967 19
S. SEX 6. C	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE CA	UCASIAN WIDOWED	DIVORCED	22 AUG 188	9 last birthday) yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give	e kind af wark dane 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT
diring mast of westing life of		IDUSTRY RETIRED	, ,	TER NEW YORK	COUNTRY?
13. FATHER'S NAME	211 1421 21421	1407 774013	14. MOTHER'S MAIDEN		U.S.A.
	מאתפי			(Unkown)	
	RIMES		SALLY		
IS. WAS DECEASED EVER IN U	s give war ar dates of service		INFORMANT		Iress
YES 1	917-1946	214-28-4270	ESTELLE W.	GRIMES -WIFE-	Same as # 2
18. CAUSE OF DEATH	(Enter anly ane couse per line far	(a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)	ardiac A	rrest		ONSET AND DEATH
451X	DUE TO				
Conditions, if any, which	th gave ) (b) A	rterioscler	otic Hea	++ Diseas	e lo years
rise ta immediate cau	ise (a), ( DIJE TO				
stating the underlying	(c) Re	uptured A	2hd Bart	ir Angubus	m 7 days
_					19. WAS AUTOPSY
PART II. OTHER SIGNIFIC  20a. ACCIDENT WAS UND OR CONTRIBUTION MEDICAL	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	PERFORMED? YES NO
20g. ACCIDENT WAS UND	FRLYING \ 20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTING CA	USE OF DEATH		(		
		NJURY OCCURRED 2De. PL	ACE OF INJURY (Hame, far	m, 20f. (City ar tawn)	(County) (State)
20c. TIME OF INJURY /	While	Nat While fa	ctary, street, affice bldg., etc.		(coonly) (sidle)
p.m.	19 at work	Nat While at wark			
21. I certify th	nat (I) (this haspital) atten	ded the deceased fram_	13 may	1967, to 14 ma	y , 1967 that (1) (we) la
saw the deceas	sed alive on 14 Mu	4 1967, and the	ot deoth occurred at	0130 AM, fram causes	s and on the dote stoted abov
22a SIGNATURE	72.		ATTENDING	MED STAFF	22b. DATE SIGNED
Took	m / gristo	N	I.D. PHYS.	DIRECTOR PHYS.	X 14 may 67
22c/ PHYSICIAN'S	TOTAL TO TOMO		22d. ADDRESS U	SAF HOSP. AND	REWS
NAME (Type)	JOHN W. BRISTO	W CAPT, USAF, M	C ANDREWS	AFB, WASHING	TON, DC 20331
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or 1	Town) (County) (Stote)
BREMOVAL (Specify)	5/17/1967			Cemetery	Arlington, Va.
24. FUNERAL DIRECTOR	77.17.701	ADDRESS			
	Humanal Hama		250. KE	AY 1 9 1967 1967 1967 1967 1967 1967 1967	REGISTRAR'S SIGNATURE OF SIGNATURE
Arehart	Funeral Home	, incLa P.	Lava, MONTE	= - 104.	U

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de Page 4 may be retained by the haspital ar attending physician.

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	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funesal.	and 2	death	1
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07093			CERTI	FICATE	OF DEATH				n:	ing	q
I. PLACE OF DEATH				-	2. USUAL RESIDENCE (V	Vhere deceos		1.1903.6			,
o. COUNIT Pr	ince George	18	MAS	RYLAND	o. STATE Mary	rland	b. (OU	Pri	nce	Geor	ge
b. CITY OR TOWN	(If autside corparate limi	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside corpara	te limits, write RU				,
Andrews A	ir Force Ba	se	8 days		Camp	Spri	ngs		/	6-	/
	TAL OR INSTITUTION (If n				d. STREET ADDRESS				T	e. IS RESI	DENCE
USAF Hos	pital Andre	WS			6219	Nott	ingham D	rive		YES T	ARM?
3. NAME OF	F	irst	Middle		Lost	4. DATE	Mon		Doy		
(Type or print)	ROBIN	RENEE	GROSS			OF DEATH	MAY	13, 1	1967	19	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED (XC) 8	. DATE OF BIRTH		. AGE (In yeors	IF UNDER	1 YEAR	IF UNDE	R 24 HRS
FEMALE	Caucasian	WIDOWED	DIVORC		May 5, 196	7	last bighday) yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO during most af workin	N (Give kind of work done g life, even if retired)		IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County Andrews A.				TIZEN OI		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			110		
Leonar	d Paul Pric	e		(	Never Marri	ed) JO	OAN MAURI	EN GR	ROSS		
IC WAS DESCRASED D	ED IN HE ADMED CODGES	11/	SOCIAL SECURITY NO.		NFORMANT MOTHER		19 Nott				
(Yes, na, ar unknawn)	(If yes give war ar dates	at service)	-		Morner	Ca	mp Sprin	ngs. N	Id.	210	
	γ, which gove ) ite cause (a),	/	(a), (b), and (c).)	tal (	Least V	) sze	all -		Con	IERYAL BET	TWEEN DEATH
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(a)		4.75	WAS AUT PERFORM	OPSY NED?
OR CONTRIBUTIN	AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY (	OCCURRED. (	Enter noture af injury in l	Port I or Port	t II of item 18.)				
Haur o	JURY Month, Doy, Year .m. 19	20d. II While at wor			E OF INJURY (Hame, farm ry, street, office bldg., etc.)		(City or tawn)	(Co	unty)		(State)
	<b>ify</b> that (1) (this ha deceased alive on_		ded the deceased	from and that	death accurred at	96 TN		and an t	67, the	hot (t) ( te stated	we) la d abov
22o. SIGNATURI	While	Ply &	then	M.D		MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	VED /	960
22c. PHYSICIAN NAME (Typ	PHILLIP S	TRINER,	CAPT, USA	F,MC	22d. ADDRESS USAF HOS	P. ANI	DREWS W	ash. 1	CC/	203	31
23a. BURIAL, CREMAT REMOVAL (Specif			23c. NAME OF CEA	14:11	REMATORY Cometen	23d. 10	CATION (City or To	wn)	(County	i) (S	itate)
24. FUNERAL DIRECT	OR OO		ADDRESS	the		BY REGISTR		GISTRAR'S S	IGNATUI	RE	L1
Tolake	101948	F. Hruo	4308 52	ukan	DAMA)	118	1007 09	1/1-1	2. 0		

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07100 FOR STATE any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded ta the Chief Medicol Exominer's Office along with farm PM3. Pag TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

5 may be retained far your files. Health prior to buriol, cremotion, or removol, and in any event within 72 hours ofter death.

VR A15ME (5 6M 1/67

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
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U 1100 MEI	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	7080	
1. PLACE OF DEATH o. COUNTY		o. STATE	here deceased lived, if institution: Residence b. COUNTY	ce before admission)	
Prince George's MARYLAND		Maryland	Maryland Prince George's		
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
Cheverly DOA		Mt. Rainier /6:/		16.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?	
Prince George General Hos	pital		nier Ave.	YES NO X	
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year	
(Type or print) Belle	Young	Haut	DEATH 5	4 1967	
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I		
Female White WIDOWE	DIVORCED	3-31-1908	lost birthdoy) Months	Days Hours Min.	
10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote of	or foreign country) 12. CIT	IZEN OF WHAT	
	INDUSTRY	Daniela	COI	UNTRY?	
HOUSEWIFE  13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMC	0.3	
FRED O YOUNG		ELLA	WESSER		
(V	6. SOCIAL SECURITY NO. 17.	INFORMANT	SIEVERT 5/06 ME	ENOLWISTH AV	
(Yes, no, or unknown) (If yes give wor or dotes of service)	579305135 M	RS, BETTY-JO	EDMONSTO	N, MD	
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)				INTERVAL BETWEEN	
DART I DEATH WAS CAUSED BY				ONSET AND DEATH	
IMMEDIATE (AUSE (a) Acute thrombotic occlusion of right and left					
XXX affection, descending branches				minutes	
Conditions, if ony, which gave (b) And Myocardial infarction, posterior wall				days	
stoting the underlying couse Due 10 From Stenosing coronary arteriosclerosis, severe				years	
lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)				19. WAS AUTOPSY PERFORMED?	
				YES K NO	
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	ort L or Port II of item 1B.)	1 451	
PRIMARY Or CONTRIBUTING	DESCRIBE HOW INSORT OCCORNED	. (città notore et injeri in t	.,		
CAUSE OF DEATH.			Last to	(6)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. Wh		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (Stote)	
p.m. 19 af w	ork at work	relaty, street, office blag., etc.)			
21. I certify that I took charge of the r	emains described abave. I	neld an Autapsy 🕱	Inspection X. Inquiry X.	and in my opinion	
		icide , Hamicide		1	
The second secon	<b>7</b> 7 100 111 11, 30	CHIEF MEDICAL E			
ACTUAL //	1-1	MODEL THATSUSSA		22. DATE SIGNED	
SIGNATURE JAM		M. U.	L EXAMINER X	- 7 Th	
EXAMINER'S NAME (Type) John Kehoe, M.D.	Riverdale, Md		city, town, or county)	5-5-67	
230. BURIAL CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OF			(County) (State)	
REMOVAL (Specify)			BLADENS BURG. A		
BURIAL 5-8-1967	FORT LINCO		RY HDE US DO K OF V	CONTAINE AND AND AND AND AND AND AND AND AND AND	
24. FUNERAL DIRECTOR	ADDRESS	MAY 250. KECD	BY REGISTRAR 2Sb REGISTRAR'S S	21 Judge	

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07101 CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obly scion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deet

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67 07081

	COUNTY Pr	ince George	es	MARYLAND	0. STA		Where deced	b. COU		ice betori	e odmissio	(n)		
į	. CITY OR TOWN (I	f outside corporate limit		c. LENGTH OF STAY IN 1b	c. CITY O	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
G	lenn Dal	e (rural)		77 days		Washington 47.3								
C	I. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, g	jive street oddress)	d. STREET	d. STREET ADDRESS  e. IS RESIDEI ON A FAR								
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-	NAME OF DECEASED		rst	Middle	Lo		4. DATE OF	Mon	Α.	Doy	Yeo			
_	Type or print)	Bes		L.		ghan	DEATH		4	12	19	67		
). '	Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED	8. DATE OF 7/4/1			9. AGE (In yeors last birthday) 50 yrs.	Months Months	Doys	IF UNDER Hours	Min.		
00.	USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		IPLACE (County	& Stote, or fo		12. CI	TIZEN OF	WHAT			
luri	ng most of working Unemploy		IN	DUSTRY Unknown		th Car			(0	UNTRY?	SA			
13.	FATHER'S NAME			Ollicatowal		ER'S MAIDEN N					V.1.			
	Austin H	enichan			Jan	ie Hou	ston							
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 1	7. INFORMANT		0011	Addr	ess	_				
(Ye	s, no, or unknown) No	(If yes give wor or dotes o	of service)	577-20-0526	Decede	nt								
	18. CAUSE OF DE	ATH (Enter only one cou	se per line for	(o), (b), ond (c).)					1.00		RVAL BET			
	PAKI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Bron	chopneumonia						7 d	SET AND D	CAIN		
	289	DUE	TO											
	Conditions, if ony,		(b)											
	rise to immediate couse (o), stating the underlying couse DUE TO									6				
	lost. (c) Malignant histiocytosis									6 months				
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)										WAS AUTO PERFORM	PSY ED?		
1	Pulmonary tuberculosis									YE		NO 🗌		
CEKIIL	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OCCURR	D. (Enter notur	e of injury in I	Port I or Po	rt II of item 18.)						
EDICAL	20c. TIME OF INJU	IRY Month, Doy, Yeor	20d. In While		PLACE OF INJUR			(City or town)	(Co	unty)	(	Stote)		
E	p.n		ot work	c ot work		3,,,								
		y that (牧) (this has ceased alive an		ded the deceased fram	2-24 hat death a	, 1 ccurred a6	9.67 :00A	ta5_1 M, fram causes	2, 1%: and an tl	<b>7_</b> , th	at (1) (v	we) last abave		
	220. SIGNATURE	11.	1		ATTEND	ONIC	MED.	CTAFF	22b. D	ATE SIGNI	ED			
		Wol	Wes	u_	M.D. PHYS.		DIRECTOR	STAFF PHYS.		12/6	7			
	22c. PHYSICIAN'S NAME (Type)	Moe Weis				ADDRESS G1		ale Hosp	ital		-			
230.	BURIAL CREMATIO	N. I 23b. DATE TH	PEOE	23c. NAME OF CEMETERY				OCATION (City or To	lawa	(County)	Ic.	tote)		
.00.	REMOVAL (Specify)	5-15	-67		A CKEMMIOKI		Ch	arlott	e, i	Y).	C.	1016)		
24.	FUNERAL DIRECTO	. 1		ADDRESS	00		BY REGIST	45.46	GISTRAR'S S					
_	71W 2	+01- 1h	4010	18 12 184	H / A.	DAMAY	1 7	1967 20	liane	W De	rose			

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Pro Geo Co o. COUNTY o. STATE Prince George's MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DO A-New Carrollton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

Prince George's Hospital e IS RESIDENCE ON A FARM? d. STREET ADDRESS 7915 "egation "oad YES NO IX 3. NAME OF Middle May 12, 1967 4. DATE DECEASED H Hess Mabel (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **IF UNDER 24 HRS** 7. MARRIED NEVER MARRIED birthdoy) Sept 27, 1900 female white 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nurse 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) Self employed COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Victoria Darby Maris Hoskins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 577 30 7535 17. INFORMANT Steen Address Donald H New Carrollton, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 1957, to May 21. I certify that (I) (this haspital) attended the deceased fram 1 19 6 7, and that death accurred at 4:05 PM, fram causes and an the date stated above saw the deceased alive an\_ 22o. SIGNATURE DIRECTOR PHYS. 22c. PHYSICIAN'S Gordon W hellev NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) Arlington Arlington REMOVAL (Specify) Burial Arlington National May 16, 1967 24. FUNERAL DIRECTOR Hyattsville, Md. F. Gasch's Sons

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. rely filled in by the furban papers. Pages , within 72 hours after by the t remave carban ar remaval, and in any event, ංජි signed by the burial-transit p ohn **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. burial, O FUNERAL DIRECTOR: After this certificate has been as the prior to l be detached far use a State Dept. af Health pr am. Notified 3 should be de with the State page 3 director, pag-should be file Deputy Me VR A15 (4) 25M 1/67

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FOR STATE HEALTH DEP

in pencil in Item 18. Give Pages 1, 2, and 3 to

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2," and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Pag<u>e.</u>

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Departme

Health prior to burial, cremation, or removol, and in any event within 72 hours after death.

any delay is

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
HILLERICATE	PARAMILIA PLA	CELLII LOLLE	OI DEATH

07022

						01 0071111	U	1000	,		
	ACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
a.	COUNTY	an Conment		MARYLAND	o. STATE		COUNTY				
h	CITY OR TOWN	nce George :	<u> </u>	c. LENGTH OF STAY IN 1b	Maryland Prince George's  c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)						
		d give nearest town)	71	C. ELHOITI OF SIXT IN ID	C. CITT OK TOWN (II	auraide turpurdie minis, Wil	IS KUKAL UND GIV	e neurest luw	")		
	Chever	cly		DOA	Landove	יי		6.1			
d.	NAME OF HOSPIT	TAL OR INSTITUTION (If no	it in haspital,	give street address)	d. STREET ADDRESS			e. IS I	RESIDENCE A FARM?		
D.	ingo Co	orge Genera	I Hoer	ni+n]	4909 66th	A ===		YES	NO 5		
	ME OF		st nosi	Middle	Lost	Ave.	Manth	Doy	Year		
DE	CEASED					OF	marin				
	pe or print)	Alfre		Moore	Hicks	DEATH	5 LIGHTON	19	19 67		
S. SEX	(	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		Days Ha	NDER 24 HRS urs Min.		
m	ale	white	WIDOWED	DIVORCED [	19 June 1792	Di li2	yrs.	2012	11111.		
a. U	SUAL OCCUPATION	N (Give kind of wark done		IND OF BUSINESS OR	11. BIRTHPLACE (Sto	te ar foreign cauntrγ)	12. CI	TIZEN OF WHA	17		
UCHRO	most of working	life, even if retired)	11	NDUSTRY		Carolina	(0	USA			
_	ATHER'S NAME	_			14. MOTHER'S MAIDE			UDA			
		O. Hicks				F. Moore					
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 11	7. INFORMANT						
S. V	Address 474	-lo /									
11.03/1	, or onknowill)	(If yes give war or dates a	. 5014160)		Benjamin A	Posey 4	313 67t	IN AVE			
Ti	8. CAUSE OF D	EATH (Enter anly one cou	se per line for			u Li	THU VEL	INTERVAL	BETWEEN		
	PART I. DEA	TH WAS CALISED BY.						ONSET A	ND DEATH		
1	CRI	1		k and hemorr				minut			
1	5811	1:1		ture of oesopl		es		minutes			
	onditions, if any se ta immedia	la cours (a)	(b) From	n portal hype:	rtension			months			
	stating the underlying cause DUE TO From Cirrhosis of liver							vears			
(c) From Chronic alcoholism								20 vz	10		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							(a)	19. WAS AUTOPSY			
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH						PERFORMED?					
5	O- EVIEDNAL CO	ALICE WAS	T and	Tecono united comme	7		0.1	YES X	NO [		
	Oa. EXTERNAL CA PRIMARY  or CO LAUSE OF DEATH.	INTRIBUTING	20b. DI	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature at Injury i	n Part I or Part II at item 1	8.)				
-		URY Manth, Day, Year	20d. I	NJURY OCCURRED 20e.	PLACE OF INJURY (Hame, for	irm, 20f. (City or tov	vn) (Co	unty)	(State)		
MEL	Hour a.	m.	While	Not While	actary, street, affice bldg., e						
-	p.1	116	at war								
				mains described above,			Inquiry x,	and in r	my apinia		
	death resul	ted fram: Nature	l couses/	Accident , S	uicide 🔲, Homicio	le 🔲 Undetermine	ed manner				
1		1111	1 11		CHIEF MEDIC	AL EXAMINER					
	ICTUAL IGNATURE	1000	X /		. M.D. ASSISTANT M	EDICAL EXAMINER		22. D	ATE SIGNED		
		211		1		ICAL EXAMINER TO					
N	XAMINER'S IAME (Type)	John Kehoe,	M.D.	Riverdale,		eet, city, town, or county)		5-19-	67		
	BURIAL, CREMATI			23c. NAME OF CEMETERY		23d. LOCATION (City	or Town)	(County)	(State)		
	REMOVAL (Shorify				**	· ·		' ''	, ,		
	burlak	5/22	/67	Ft. Lincol	n Cemetery	Prince (	Georges	Cour	ty M		
24.	FUNERAL DIRECTO		H. Hi	nes Whpany	2Sa NE	4YB2 E9STRAP 967 25	Sb. BEGISTRAR'S	SIGNATURE			
	2901	14th St.	N.W.	Washington	. D.C. DATE	1001	I wast	By Jud	The same		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07104 CERTIFICATE OF DEATH 07084within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY, GEDI2G CHRIS-MAR (If not in hospital, give street address) d. STREET ADJORESS ON A FARM? NO L NAME OF First 4. DATE Month Year DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED Jost 3 birthdoy) WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT the death certificate be during most of working life, even if retired) NDUSTRY 13. FATHER'S NAME THERINE BUCKLER 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service MARAVE-CLI crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ARDIAC ARREST IMMEDIATE CAUSE signed by DEARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been PERFORMED? NONE NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CO (IF EITHER, NOTIFY MOVAL CAMATIE) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF HUJURY (Home, form, (Stote) (this hespital) attended the deceased fram. RR1622 1967, and that death accurred at saw the deceased alive on\_ A fram causes and on the date stated above 220. SIGNATUR DATE SIGNED 22b. STAFF PHYS. DIRECTOR M.D. PHYS. directar, page shauld be filed ADDRESS 22c. PHYSICIAN'S 22d. O HOSPITAL TO FUNERAL NAME (Type) 8808 OLD BRANC 23o. BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial 6th 1967 Washington Nat'l. Suitland. Cemeteriz Maryland

1661-Good Hope Rd SE

2So. REC'D BY REGISTRAR

DATE

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

	07105 T	cem #13 F	CERTIFICAT	E OF DEATH		07085					
	PLACE OF DEATH o. COUNTY Prince Georges		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. (OUNTY Maryland Prince Georges							
	<ul> <li>CITY OR TOWN (If outside carpo write RURAL and give neorest the Cheverly</li> </ul>		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Takoma Park							
	d. NAME OF HOSPITAL OR INSTITUT Prince Georges		tol, give street oddress)	d. STREET ADDRESS 6413 Alles		e. IS RESIDENCE ON A FARM? YES NO					
	NAME OF DECEASED (Type or print)	First	Middle R	last Hiner	4. DATE Mont OF DEATH May	h Doy	Year 19 6 7				
S.	SEX 6. COLOR OR White	- A 194	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys	IF UNDER 24 HRS. Hours Min.				
10o dur	. USUAL OCCUPATION (Give kind of wing most of working life, oven if roting	ed)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8		12. CITIZEN O					
13.	FATHER'S NAME	11/841k	Raymond Hiner	14. MOTHER'S MAIDEN N	XV	490					
15. (Ye	WAS DECEASED WER IN U.S. ARMED es, no, or unknown) (If yes give wor	FORCES? or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT /	& His ex	" 203 A	Vencey,				
	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line ) BY: TE CAUSE (o)	for (0), (b), and (c).)	# XILUR	2		TERVAL BETWEEN ISET AND DEATH				
	5816 Conditions, if ony, which gove rise to immediate couse (a),	DUE TO (b)	Vershe	sis of	LWER						
	stoting the underlying couse last.	(c)		O							
CATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED? 'ES NO				
L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in P	art I or Port II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Month, Do Hour o.m. p.m.	10 W		.ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)				
	21. I certify that (x) (saw the deceased aliv	this haspital) att	tended the deceased fram_ 4196.7, and th	May 16, , 19 at death accurred at	67 , to May 2 :45 AM, from couses	1967, thand an the dat	nat (*) (we) la				
	22o. SIGNATURE	aut mi		ATTENDING 1	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN					
	22c. PHYSICIAN'S NAME (Type)	J. Herr	IANDEZ HO	22d. ADDRESS							

CEMETERY OR GREMAT

23d. LOCATION (City or Town)

(State) (County)

**JO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the Kuneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any eyent, within 72 haurs after death.

BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death

Page 4 may be retained by the haspital ar attending physician.

ADDRESS

23c. NAME OF

2So. REC'D BY REGISTRAR

25b. REGISTRAR SIGNATURE

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Trings Courage Council Monol tel 1 5413 Allegany Ave.

# POTE STATE HEALTH DEPT.

P.M.3. Page

"pending" in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 hours after death. If

any delay is, 2, and 3 to

with the State Department of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

071	06	MEDICAL EXAMINER'S	S CERTIFICATE (	OF DEATH	07086
PLACE OF DEATH     o. COUNTY	Prince George	s MARYLAND		(Where deceosed lived, if institution of the countries of	on: Residence before odmission)  TY Pro George's
b. CITY OR TOWN write RURAL or	(If outside corporate limits and give nearest tawn)	erley DOA		outside corporote limits, write RUR	AL and give nearest town)
	ITAL OR INSTITUTION (If not in George's Gener		d. STREET ADDRESS 5643	Annapolis Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ruth	Middle Land	Lost Hoke	4. DATE Monti	y 6, 19 67.
s. sex female	white	MARRIED NEVER MARRIED NIVORCED NIVORCED	8. DATE OF BIRTH Dec 24, 19	9. AGE (In years 58 birthdoy) yrs.	Months Doys Hours Min.
during most of workin	ON (Give kind of work done g life, even if retired)  clerk	Interior Decorato	r South	e or foreign country) Carolina	12. CITIZEN OF WHAT
13. FATHER'S NAME	? Lai	ad	14. MOTHER'S MAIDEN	NAME Unknown	
(Yes, no, or unknown)		vice) 578 28 8651 R	INFORMANT Cobert Hoke		
18. CAUSE OF I PART I. DE.	DUE TO  y, which gove (b)  ate cause (a), erlying couse	er line for (o), (b), and (c).) Subarachnoi Hyp!ertensi		scular disease	INTERVAL BETWEEN MENTE COSEATH  Unknown
PART II OTHER	) (c) (s) (c) (s) (s) (s) (s) (s) (s) (s) (s) (s) (s	RIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES X NO
2Da. EXTERNAL C PRIMARY Or CI CAUSE OF DEATH.	ONTRIBUTING	2Db. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in	Port I or Port II of item 18.)	
Hour o	JURY Month, Doy, Year .m. 19		LACE OF INJURY (Home, for octory, street, office bldg., etc		(County) (State)
21. I certi	fy that I took charge of Ilted from: Notural of	the remains described above, auses , Accident , Acciden	chief Medica M.D. ASSISTANT ME rdale DEPUTY MEDICA	e, Undetermined me	iry 🔀, and in my opinion anner 22. DATE SIGNED 5-7-67
230. BURIAL, CREMAT REMOVAL (Specif Burial	May 9, 19		etery		vn) (County) (Stote)  aston N. C.  GISTRAR'S SIGNATURE
24. FUNERAL DIRECT		lyattsville, Md.	DAMÁ!	11.09	Ciarles Judge

VR A15ME (5) 6M 1/67

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Tromm Namen, P.D., Strengalo 35

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH uneral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince Goerge's Maryland and completely filled in by the 1 remove carbon papers. Pages 1 wany event, within 72 hours after Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b write RURAL and give nearest town) Brandywine Brandywine d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rt. 10Box within NAME OF First Middle Last DATE Month 4. DECEASED Holiday DEATH Briscoe May (Type or print) Robert 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH Jast birthday) | Months | Days Lany ( Male Negro Feb. WIDDWED DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician and i pe INDUSTRY Prince George Co.Md Laborer certificate d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. Hattie Green John L. Holliday the atte. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The law requires that the death (Yes, no, or unkown) (If yes give war or dates of service) 4Milton Holliday Rt. 1-Box cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed the burial-transit PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last. has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health r this certificate h detached for use te Dept. of Health 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. STOR: After I Not While retained by at work at work p.m 5-18 5-10 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: and that death occurred at 3.000 M. from the causes and on the date stated above. saw the deceased alive or 3 showith 22a. SIGNATURE ATTENDING STAFF page DIRECTOR PHYS. PHYS. 4 may director, page should be fil PHYSICIAN'S 22d.\_ADDRESS Maryland NAME (Type) Richard Brandywine. 23c. NAME DF CEMETERY DR CREMATDRY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDE Brandywine Pr. Geo. Gibbons Meth. Ch.

VR A15 (4) 20M 1/65

FUNERAL DIRECTOR

Martell Adams

ADDRESS

Aquasco, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

BEC'D BY REGISTRAR

Md. 25b REGISTRAR'S SIGNATURE

22b. DATE SIGNED

e. IS RESIDENCE ON A FARM?

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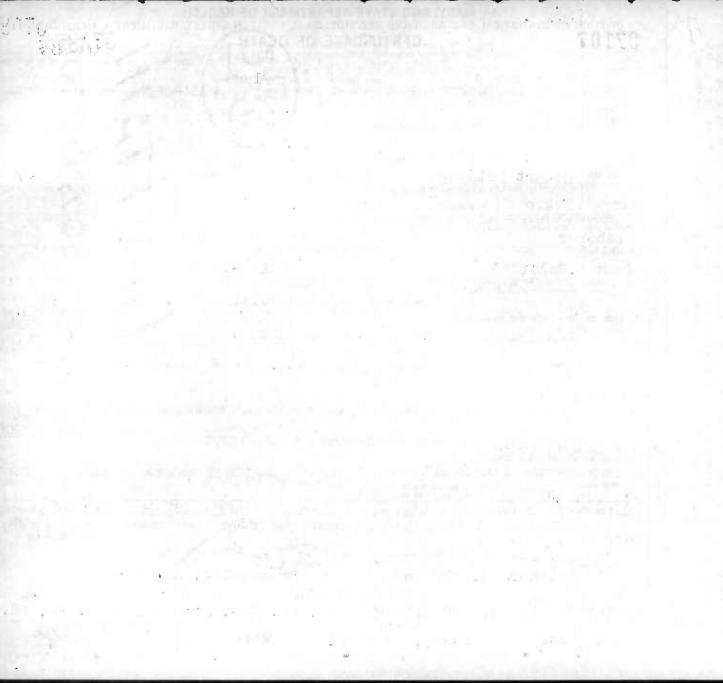
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12. CITIZEN OF WHAT

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 moy be retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral			
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VR A15 (4) 25M 1/67

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1.	PLACE OF DEATH					2. USUAL RESID	DENCE (W	here dece	eosed lived, if ins	titution: Resid	ence befor	re admissio	on)
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	b. CITY OR TOWN I	If autside corporate limits,		c. LENGTH OF STAY IN		MARYLAND PRINCE GEORGES  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
	ANDREWS	d give nearest town) AF BASE		35 days		BOWII			,	,	1.1		
-	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not	in hospital o	ive street address)		d. STREET ADDR					0 /	e. IS RESID	DENCE
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3.	NAME OF	First		Middle		Last		4. DATE		Manth	Day	Yeo	ar
	(Type or print)	JOYCE		T.		HOPPE		OF DEAT	н МА	Υ	11	19	67
S.	SEX		7. MARRIED	NEVER MARRIED	В	. DATE OF BIRTH			9. AGE (In year	s IF UNDE	R I YEAR	IF UNDER	24 HRS.
	FEMALE	CAU	WIDOWED	DIVORCED		30 JUN	3.5		last birthday	,	Days	Hours	Min.
	. USUAL OCCUPATION	N (Give kind af work dane		ND OF BUSINESS OR				State, or	fareign country)	12.	ITIZEN OI		
du	ring most of working HOUSEWT		IN	DUSTRY N.A		DTDMT	MCUA	M	ALABAM		OUNTRY?		
13	FATHER'S NAME	F F.				14. MOTHER'S N			ALABAN	AI.	USA	7	
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15	. WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	12. 11	NFORMANT				ddress			
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		EATH (Enter anly ane cause										ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	RENA	L AND HEP	ATI	C FAIL	URE				ON	ISET AND D	EATH
	153	DUE TO	)										
	Conditions, if any	, which gave ) (b	META	STATIC CA	RCI	NOMA					1	Mon	th
	rise to immedio												
	last.	(c	ADEN	OCARCINOM	(A)	F COLO	N						
-	PART II. OTHER S	IGNIFICANT CONDITIONS COM	TRIBUTING 1	O DEATH BUT NOT RELAT	TED TO TI	HE TERMINAL DISE	EASE CONE	OITION G	VEN IN PART 1(a	)	19.	WAS AUTO	OPSY
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CERTIFICATION	2Da. ACCIDENT WA	S UNDERLYING	2Db. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter nature of in	niury in P	art I ar F	Part II of item 1B.	)		البيا	
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,		1- /			'			
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	22c. PHYSICIAN'S		0			22d. ADDRE			Hospit				
	NAME (Type	WARREN E.	JOHN	SON, CAPT,	USA	F MC			WS AFB			203	31
23	o. BURIAL, CREMATI	ON, 23b. DATE THERI	OF	T 23c. NAME OF CEMETI	ERY OR C	REMATORY		-	LOCATION (City o		(County		lale)
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		97109	CERTIFICATE OF DEATH	07089
death		PLACE OF OEATH  a. SOUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	ence before odmission)
ffer	1.0	D. CITY OR TOWN (If outside corporate limit	MARYLAND RIPRHIAND PRINCE	GLEOR E
hin 72 hours after	1	write RURAL and give nearest tawn)	14 days Will a cost	16:1
hin 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
74	1	CINCE GEORGES		YES NO
50		NAME OF OECEASED	h Aiddle Lost 4. DATE Month OF DEATH May	2 0 19 6 7
1)	S.	(Type or print) (105 = 0) SEX 6. COLOR OR RACE	7 MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 97 9. AGE (In years & IF UND	ER 1 YEAR   IF UNDER 24 HR
/	1	Make White	WIOOWED OIVORCED 10-17- WAS Jost Thoopy Months	
	100 dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12.	COUNTRY 3
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME.	UL D.11.
	1	Thathes toser	th Howard, Susan Elha, Jennings	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?	of service)	Ida AVE
		no Mo	RESSERL. HOWARD, WORDDING	INTERVAL BETWEEN
		18. CAUSE OF OEATH (Enter only one compart I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE	Carriagnes of The Junes	ONSET AND OEATH
		16 3× OUE		
		Conditions, if ony, which gove ) rise to immediate cause (0),	(b)	
		stoting the underlying couse lost.	(t)	
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMEO? YES NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While foctory, street, office bldg., etc.)	(County) (Stote)
		21. I certify that (1) (this has saw the deceased alive an_	spital) attended the deceased fram 3 / 6 , 19 67, ta 3/20, 1	9 <u>4</u> /that (I) (we) I the date stated abo
		220. SIGNATURE	ATTENDING I MED STATE 22b.	DATE SIGNED
		Marie Marie	M.O. PHYS. OIRECTOR PHYS. D	1/21/6/
1		22c. PHYSICIAN'S NAME (Type)	HEENANDEZ MD PGG IT	
	230	D. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 5-23	1 2 1 1 1 1 1 2 1 1 = 1	(County) (Stote)
/	2	I. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	
ė.	1	1 10 10 FN N 10 1:11	HORE 300 T-VIVE DATE	C. 11 1-0

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of processing the pages 1 and

This certificate should be executed within 24 hours after death. If any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2,

TO DEPUTY MEDICAL EXAMINER:

and 3 to

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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OR INSTITUTION (If not in h	ospitol, give s	treet address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
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				14. MOTHER'S MAIDEN	NAME			
R. HUFFMAN				RETA I	BISHO!	P		
IN U.S. ARMED FORCES?	16. SOCIA	AL SECURITY NO.	17. 1	NFORMANT		Addr	ess	
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which gove couse (o), ying couse (c) (c)	Rupt	ure of an	eur	ysm of circ	le of	Willis		MINUTES
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		ADDRESS				· M		
4739 Haltimo	re Ave	. Hyattsv	rill	e, Md DAMA	Y 31	1967	nove	De la constante
	OR INSTITUTION (If not in he George's General First Marvin  6. COLOR OR RACE 7. M  White Give kind of work done e, even if retired)  H. R. HUFFMAN  IN U.S. ARMED FORCES? If yes give wor or dotes of serving the serving of the servin	outside corporote limits, give nearest tawn)  OR INSTITUTION (If not in hospitol, give is George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George's General Hospital George George's General Hospital George George's General Hospital George George's General Hospital George George's General Hospital George George's General Hospital George George's General Hospital George G	outside corporote limits, give nearest tawn)  DOA  OR INSTITUTION (If not in hospitol, give street address)  George's General Hospital  First Middle  Marvin John  6. COLOR OR RACE 7. MARRIED X NEVER MARRIED  White WIDOWED DIVORCED  Give kind of work done e, even if retired)  H. R. HUFFMAN  IN U.S. ARMED FORCES? If yes give wor or dotes of service)  I (Engre of the street address)  TH (Enter only one couse per line for (o), (b), ond (c), ond	c. LENGTH OF STAY IN 1b  DOA  OR INSTITUTION (If not in hospitol, give street address)  George's General Hospital  First Middle  Marvin John F  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORC	Outside corporate limits, give nearest town)  OUR INSTITUTION (If not in hospitol, give street address)  Ceorge's General Hospital  OCCURRED HOSPITAL  OCCURRED HOSPI	George's MARYLAND Outside copporate limits, give necrest favm)  DOA  Greenbelt  OR INSTITUTION (if not in hospitol, give street oddress)  George's General Hospital  First  Middle  Marvin  John  Muffman  John  John  Muffman  John  John  John  Muffman  John   George's MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND Pri outside corporate limits, write RU Greenbelt  OR INSTITUTION (If not in hospitol, give street address)  OR INSTITUTION (If not in hospitol, give street address)  OR MISTITUTION (If not in hospitol, give street address)  OR ADTERNATION (If not in hospitol, give street address)  OR ADTERNATION (If not in hospitol, give street address)  OR ADTERNATION (If not in hospitol, give street address (Internation)  OR ADTERNATION (IT not in hospitol, give street address (Internation)  OR ADTERNATION (IT not in hospitol, give street address (Internation)  OR ADTERNATION (IT not in hospitol, give street address (Internation)  OR ADTERNATION (IT not in hospitol, give street address (Internation)  OR ADTERNATION (IT not in hospitol, give street address (Internation)	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence of STATE   COUNTY   COU	

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and corrolerely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare below papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death:

Page 4 may be retained by the haspital ar attending physician.

0711	1	CERTIFICATE	OF DEATH		07091
PLACE OF DEATH     a. COUNTY	. Prince Geor	ge's MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary 1	Vhere deceased lived, if institution: R and b. COUNTY P	Residence before admission) Prince George's
b. CITY OR TOWN write RURAL a	(If outside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16  1 day	,	tside carparate limits, write RURAL a sville	nd give nearest tawn)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prin	ce George's G	eneral Hospital	5104	72nd Avenue	YES NO NO
3. NAME OF DECEASED (Type or print)	First Cat	Middle herine	(Humphries) Humphreys	4. DATE Month OF May	Day Year 5, 19 67
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR
Female	White	WIDOWED DIVORCED	4/17/80	87 Yrs.	intis Days Haurs Milli.
during mast of warking	ON (Give kind of work done g life, even if retired)  ewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County of D C	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	uel H.Atwe	211	Sarah	E. Cole	
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	T. Santa
no	no		obert C. Hu	mphried sam	ne as # 2.D
Conditions, if on rise to immedia stating the und last.	y, which gave ) (b)	/			5 9 000
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Part II af item 18.)	
Hour 'o	JURY Manth, Day, Year i.m. i.m.		CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(County) (State)
		al) attended the deceased tram	, 1	95 / to May 5,	, 19 <u>67,</u> that (I) (we) la
	deceased diffe dif	19 6 / and that	death accurred at	10:15, from causes and	
22o. SIGNATURI	lbug	Noth M.	). PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN' NAME (Typ	Albert Roth	, M. D.	5409 Rive	rdale Rd., River	dale, Md.
23a. BURIAL, CREMAT BUT 1 (Septing)			13	23d. LOCATION (City or Town) Suitland. M	(County) (State)
24. FUNERAL DIRECT	(1/20)	ADDRESS	2So. REC'D	8Y REGISTRAR 2Sb. REGISTR	RAR'S SIGNATURE

VR A15 (4) 25M 1/67

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FORS any delay is 1, 2, and 3 to PM3. Page te Department of

in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 hours ofter death.

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF	VITAL RECORDS, 301 W. PREST	ON STREET, BALTIM	ORE, MARYLAND	21201
Item 18,	FALTICAL EXAMINER'S	CERTIFICATE (	DE DEATH	07092
	**************************************	CERTIFICATE (	91	0 4 0 0 13

	PLACE OF DEATH O. COUNTY		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)     O. STATE     D. COUNTY				
	Prince George's	MARYLAND	Maryland Prince George's				
	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	itside carparate limits, write	RURAL and give nearest tawn)		
	Cheverly	DOA	Hillside		16.1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	Prince George General	Hospital	5287 Marlh	oro Pike	YES NO 🛨		
	NAME OF First	Middle	Lost		Manth Day Year		
	OFCEASED (Type or print) Deborah	Lvnn J	ewell	OF DEATH	5 2 19 67		
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 🖼	B. DATE OF BIRTH	9. AGE (In years lost birthday	IF UNDER 1 YEAR   IF UNDER 24 HRSV		
	ema re will re	VIDOWED DIVORCED	10 Jan. 196	7 - Yrs			
dur	. USUAL OCCUPATION (Give kind of wark dane ing mast af working life, eyen if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar foreign country)	12 CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	DONALD E -	EWELL	A41	2- 10	LLISON		
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	A	ddress A F		
(16	s, na, runk awn) (If yes give war ar dates of sen	NONE DO	NALDE-	JEWELL "	EAME AS		
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	er line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a) _	Pneumonitis					
	47 d DUE TO	(					
	Conditions, if any, which gave (b) _ rise to immediate cause (a),	(SDII) Due	to Diplococ	cus pneumoni	a.e		
	stating the underlying cause DUE TO				100		
	last. (c)_						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES 🛣 NO		
CERTIFICATION	2Dg. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m.		CE OF INJURY (Hame, farmary, street, affice bldg., etc.)		(County) (Stote)		
2	p m. 19	at wark U at wark U					
	21. I certify that I taak charge af	the remains described abave, he	ld an Autopsy 🔀,	Inspection 🔀, Ir	nquiry 🗶 , and in my apinion		
	death resulted from: Natural co	iuses 🗷 , Accigent 🗌 , Suici	ide 🔲, Homicide	, Undetermined	monner		
	ACTUAL A	IV /	CHIEF MEDICAL	EXAMINER			
	SIGNATURE SIGNATURE	1 or	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED		
	EXAMINER'S		DEPUTY MEDICA	AL EXAMINER (20)			
	NAME (Type John Kehoe, M.)			t, city, town, or county)	5-2-67		
230	BURIAL, CREMATION 23b. DATE THEREOI	1- 100-10	CREMATORY	23d. LOCATION (City or	Town) (County) (State)		
24	FUNGRAL DIRECTOR 1	ADDDECC	2C- DEC'I		REGISTRAR'S SIGNATURE		
1	Uli Chambers to 31,	7-11 5/5/ Wast	SOC. MAY	5 1967 0	Charles Judge		

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MARYLAND STATE DEPARTMENT OF HEALTH 201

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21
07113	CERTIFICATE OF DEATH

07113 death. PLACE OF DEATH

haurs after and in any event will and attending physician permit. Then please burial, crematian, ar removal, signed by the burial-transit priar tal peen has far use af Health certificate director, page 3 shauld be detache shauld be filed with the State Dept. this (

requires that the death certificate be executed within

be retained by the haspital or attending DIRECTOR:

o. COUNTY Prince George b. COUNTY Prince George Maryland MARYLAND b. CITY OR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chever IV give neorest town) Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital R. F. D. 172 NO X YES | 3. NAME OF Year 67 Middle 4. DATE Last Month DECEASED (Type or print) Johnson Sr. May George DEATH 6. COLOR OR RACE S. SEX 9. AGE (In years 8. DATE OF BIRTH F UNDER 24 HRS 7. MARRIED NEVER MARRIED 6131 birthdoy) Male White Jan. 6, 1904 Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) Virginia UQUERY 2A. during most at wer bing life, even if retired) D. OUSTRGoverment 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Johnson Adeline McCov 414 Brightseat Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po or unknown) (If yes give wor or dotes of service) May E. Johnson 216 46 0371 Lanham, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)? INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram , and that death accurred at 200. M, fram causes and an the date stated above. saw the deceased alive an ucce 22o. SIGNATUR 22b. DATE SIGNED M.D. DIRECTOR Prince George Plaza Hyattsville, Md. 22c. PHYSICIAN'S Aaron Deitz, M. D. NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BENDYAL (Specify) 5/6/67 Ft. Lincoln Colmar Manor P. G. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ocharles 1967 Francis Gasch's Sons Hyattsville, Md. DAMAY 5

FUNERAL 0 VR A15 (4) 25M 1/67

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Salar Bright	1000	Vale Concern		
	engal - Egrol.			

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07114

#### CERTIFICATE OF DEATH

07094

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1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)						
a COUNTY Prince Georges			nce Georges MARYLAND			o. STATE Maryland b. COUNTY Prince George					
b. CITY OR TOWN (II	b. CITY OR TOWN (If outside corporate limits.			1b	c. CITY OR TOWN (If a		arate limits, write RU	RAL and giv	e neares	t tawn)	
MXXXXXXXX	write RURAL and give nearest town.  MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Mt. Rain	ier		/	16.1		
	L OR INSTITUTION (If not in has	spital, give stree	t address)		d. STREET ADDRESS					e. IS RESID	
Eugene Le	land Memorial				4100 - 30	th S	treet				NO X
3. NAME OF	First		Middle		Last	4. DATE	Mani		Day		
(Type or print)	Loraine	F	luby	Jo	hnson	OF DEAT	тн 5-	-	6	19 6	57
S. SEX	6. COLOR OR RACE 7. MA	RRIED N	EVER MARRIED	□ B	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Manths	1 YEAR Dovs	IF UNDER Haurs	
Female	White wo	OWED	DIVORCED		3-10-20		47 yrs.	Months	υογς	naurs	Min.
IDa. USUAL OCCUPATION	(Give kind af wark dane	1Db. KIND OF BI	USINESS OR		11. BIRTHPLACE (Caunty	& State, or	foreign cauntry)		TIZEN OF	WHAT	
during most of working I Housewife	ire, even it retired)	INDUSTRY	dies		Va.			(0	UNTRY?	U.S	S.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Jeff Moo	re			200	Minnie	Susa	n Adams				
15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SI	ECURITY NO.	17. 11	FORMANT		Addre	ess est			
Unknown	If yes give wor or dates of service	277-24	4-7728		Hospital Re	cord	S				
IB. CAUSE OF DE	ATH (Enter anly ane cause per l	ine far (a), (b),	and (c).)	-						ERVAL BET	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	PAT	JCR EATITI	5			2NS	SET AND D	EATH		
5870	DUE TO										
Canditians, if any,											
rise to immediate stating the under	cause (a),										
last.	(c)										
PART II. OTHER SIG	INIFICANT CONDITIONS CONTRIBL	JTING TO DEATH	BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(a)		19.	WAS AUTO	)PSY
DE HE	MORRHAGIC	GAST	RITIS		11VER 7	-04 iL	URE 0	BESI	YE YE	PERFORMI	NO W
20a. ACCIDENT WAS	UNDERLYING			URRED. (	Enter nature of injury in				/		
	☐ CAUSE OF DEATH			·			· · · · · · · · · · · · · · · · · · ·				
2Dc. TIME OF INJU	RY Manth, Doy, Year	2Dd. INJURY OC	CURRED 2	20e. PLAC	E OF INJURY (Hame, farn	n, 20f.	(City or town)	(Ca	unty)	(	Stote)
Haur a.m			ot While	facto	ry, street, affice bldg., etc.	)					
	21. I certify that (I) (this hospital) at wark 2 at wark										
saw the de	saw the deceosed olive an 1 5 - 7 19 67, and that deoth accurred of 1 4 M, from causes and on the date stated obave										
22a. SIGNATURE	22a. SIGNATURE 22b. DATE SIGNED										
- 16234	M.D. PHYS. D DIRECTOR D PHYS. D 5 - 7-67										7
22c. PHYSICIAN'S	(1) 11-11	4 34 6 1			22d. ADDRESS	PIN					
NAME (Type)	J- 110 UM	MANN				- 10	FROALE	_			
23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. 1	NAME OF CEMETE	RY OR C	REMATORY .	23d.	LOCATION (City or To	wn)	(Caunty)	(5)	tote)
REMOVAL (Specify)	5/19/67				oln Cem.	Co	lmar Man	or.	Md.		
24. FUNERAL DIRECTOR	alley's Fun	eral F	ADDRESS BA	90 /5	LAND 250. RECT	D BY REGIS	TRAR 2Sb. RE	GISTRAR'S S	IGNATUR	E	
NALLEY	FINSEAL thms	,	m-	Par	HUE DATEMA	Y 11	1967 /	Cleary	es y	Mag	ics est

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the fun, fold director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours ofter degree the prior to be a specific and provided the prior of the prior to burial, cremation, or removal, and the prior to be a specific and provided the prior to burial, cremation, or removal, and the prior to be a specific and the prior to be a Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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hours after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel model in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Page 4 may be retained by the hospital or attending physician.

MARY		)F HEALTH 'ON STREET, BALTIMORE 1. M	ΙΔΡΥΙ ΔΝΩ
07115	CERTIFICATE OF DEAT		7095
1. PLACE OF DEATH 2. COUNTY PRINCE GEORGE COVI  b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	a. STATE A. STATE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (	NCE (Where deceased lived, If institution: Rib. COUNTY  b. COUNTY  (If outside corporate limits, write RURAL  SPRINGS	E GEORGE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	10 019		e. IS RESIDENCE
ANDREWS AIRFORCE BA	SE HOSPITALS205 CO	OLUMBIA TERRACI	ON A FARM?
3. NAME OF First DECEASED (Type or print)  AROLD	RICHARD JONE.	S DATE Month DEATH MAY	Day Year 20 1967
MALE WHITE WIDOWED	DIVORCED 25 JULY 1	897 67 yrs.	Days Hours Min.
LABORER CON:	STRUCTION MASS	ACHUSETTS (	TIZEN OF WHAT
13. FATHER'S NAME  HARRY JANES	14. MOTHER'S MA	01 01	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	OCIAL SECURITYNO. 17. INFORMANT  8 03 4270 MARIE V. JOH	Address  IES CAMP SPRIN	GS, MD.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).]	touches	INTERVAL BETWEEN ONSET AND DEATH
Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	rtenosclerotic	Hoort Diseas	e
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED. (Enter nature	of Injury In Part I or Part II of Item 18.	)
Zoc. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work	URY OCCURRED   20e. PLACE OF INJURY (Home, factory, street, office bidg.		nty) (State)
21. I certify that (I) (this hospital) attended		1966, to 5-20, 196 2036M, from the causes and on the	Z, that (I) (we) last
22a, SIGNATURE	ATTENDING PHYS.		ATE SIGNED -2/ - 67
NAME (Type) FREDERICK L	. SACHS ANDREW	US AIR FORCE BASE	Hosr.
23a. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	BUBOENS BU	EGI HB.
11. W. CHANGERS ON INC.	ADDRESS 19 SY. S.E. 25a. R	Y 25 1967 Currle	SSIGNATURE

VR AI5 (4) 20M 1/65

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

hours .⊑ within 72 filled i remove carbon completely in/any even and and ottending physician permit. Then pleose or removal, buriol, cremation, signed by the o buriol-tronsit pe attending Health prior to hos been use this certificate For the hospitol detoched TO FUNERAL DIRECTOR: After be retoined director, page 3 should should be filed with the

within 24 hours

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

O HOSPITAL

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside carparate lignit c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3. NAME OF DATE Month DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWIFE Own Home. 13 FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour o.m. Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram 2 saw the deceased alive an\_ 220. SIGNAPORE

factory, street, office bldg., etc.)

2, and that death occurred of 155 M, from causes and on the date stated above

(County)

22b. DATE SIGNED

(County)

ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICHAN'S NAME (Type) Clinton, Maryland

> NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! St. Thomas Cemetery

23d. LOCATION (City or Town) Croom

(City or town)

Md.

07096

e. IS RESIDENCE ON A FARM?

IF UNDER

NTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(Stote)

(Stote)

Hours

Year

NO

YES

Doy

Days

12. CITIZEN OF WHA

Ritchie Bros. Upper Marlboro, Md.

2Sb. REGISTRAR'S SIGNATURE DATE

23o. BURIAL, CREMATION,

CITIC SEXTHERING OF DESIGNATION OF THE PARTY

·A Carlot - (boundly and some and a supplement of the carlot mark

70' clinton, Herbert

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FOR STATE

HEALTH DEPT. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate should be executed within 24 haurs after death. If any delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07117		MEDI	CAL EXAMIN	IER'S CER	TIFICATE (	OF DEATH	O'	709	7		
PLACE OF DEATH						(Where deceosed lived,		ence before	odmissio	n) /	
o. COUNTY Prince George's MAR:				. STATE District.	of Columb	b. COUNTY			~		
b. CITY OR TOWN	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest tawn)  c. LENGTH OF STAY					outside corporote limits,		ive neorest	town)		
Chever			DOA		Vashingt	on	11'	7.3			
	TAL OR INSTITUTION (If I	not in hospitol, gi			TREET ADDRESS	021		(	. IS RESID		
Prince (	George Gene	mal Hos	nital	1	300 1.1.+h	Pl. S.E			ON A FA	NO S	
3. NAME OF		irst 1105	Middle		Lost	4 DATE	Month	Dov	Yeo	-	
(Type or print)	Mar	3.00	н.	W.	COTT	OF DEATH	E	2	19	67	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		e OF BIRTH	9. AGE (III	n veors   IF UNDE	R I YEAR	IF UNDER		
D 7 -		WIDOWED	DIVORCED				rthday) Months	Doys	Hours	Min.	
Female	White N (Give kind of work done	1	D OF BUSINESS OR		L5-1898 RIRTHPLACE (State	e or foreign country)	yrs.	CITIZEN OF	WHAT		
during most of working	life, even if retired)		USTRY					OUNTRY ?	TTURT		
13. FATHER'S NAME	sewife				Rhode I						
	-7 M			14.	MOTHER 3 MAIDEN		T				
Gapri	el Morris	son	OCIAL CECUDITY NO	I 17 INFOR	4 A MY	M	[dDonald				
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 10. 3	OCIAL SECURITY NO.	17. INFOR			Address				
по	no			Bam	uel W.A	agey sa	me as D	.2			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: HARD TO THE PROPERTY OF									ONSET AND DEATH		
4201	IMMEDIATE CAUSE (o) Heart Tallure Minutes										
	Conditions if any which ages a									S.	
	rise to immediate couse (a)										
ų.	lost. (c)										
_	,	(c)						110			
S PART 11. OTHER SI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)  19. WAS AUTOPSY PERFORMED?										
L CAT								YE		NO X	
200. EXTERNAL CA PRIMARY Or CO	AUSE WAS	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter	noture of injury in	Port I or Port II of ite	em 1B.)				
CAUSE OF DEATH.	TI OFFIT OF THE										
20c. TIME OF INJ		20d. IN. While	URY OCCURRED		NJURY (Home, for		town) (C	ounty)	(5	Stote)	
p.1	p.m. 19 otwork otwork										
21. I certif	y that I took charg	of the rem	oins described ab	ove, held or	Autopsy,	Inspection X,	Inquiry 🔀	ond	in my	opinior	
deoth resul	deoth resulted from Natoral couses K., Accident ., Suicide ., Homicide Undetermined monner										
4671141	11 8	A		-	CHIEF MEDICAL	L EXAMINER					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMI						DICAL EXAMINER		2	2. DATE :	SIGNED	
EXAMINER'S	ohn Kehoe,	M.D.	Riverdale	, Md.		CAL EXAMINER		5-4	-67		
NAME (Type)	, , ,				Address (Stree	et, city, town, or county	1)				
NAME (Type)  230. BURIAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF CEME				· · · · · · · · · · · · · · · · · · ·	(County)		tote)	
23o. BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEME	TERY OR CREMA	TORY	23d. LOCATION (	City or Town)	(County)	(\$1	ote)	
230. BURIAL, CREMATIC	ON. 23b. DATE TH	IEREOF		TERY OR CREMA	TORY	23d. LOCATION (	· · · · · · · · · · · · · · · · · · ·	(County) ylan	(St	ote)	

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## FOR STATE HEALTH DEPT.

arry deloy is 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of TO DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours after death. If Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter dem

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, ond 3 to the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with farm PM3. Page

VR A15ME (5)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07118		MEDICAL EXAMINER'S	CERTIFICATE C	DE DEATH	7098			
1. PLACE OF DEATH o. COUNTY Pri	nce George's	S MARYLAND	o. STATE Maryland	Where deceased lived, if institution: b. COUNTY Prince	George's			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corparate limits, write RURAL (	and give nearest tawn)			
Riverdal	e nearest town)	ll days	College	Park	16.1			
		haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE			
Leland Mem	orial Hospit	tal	9033 48th	. Place	ON A FARM? YES NO X			
NAME OF	First	Middle	Last	4. DATE Month	Day Year			
(Type or print)	Aubrey	J.	Kendall	OF DEATH 5	29 19 67			
S. SEX 6			8. DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS.			
male	white W	IDOWED DIVORCED	24 Jan. 19		anths Days Hours Min.			
Oa. USUAL OCCUPATION (G	ive kind of work dane	10b. KIND OF BUSINESS OR		e or foreign country)	12. CITIZEN OF WHAT			
wing most of warking life	ostaird) Cler	K UNDUSTRY G	Washingt	on, D.C.	COUNTRY? S.A.			
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
	ilder Kend	all	Irene C	onnors				
IS WAS DECEASED EVED II	LILC ADMED CODCECO	14 SOCIAL SECURITY NO. 17	INFORMANT	Address				
(Yes no, ar unknawn) (If	yes give war ar dates af serv			l D. Kendall	(above addre			
rise to immediate c stating the underlyi last.  PART II. OTHER SIGNI	ng cause DUE 10	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?			
20g. EXTERNAL CAUSI					YES NO 🔀			
PRIMARY OF CONTR		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)				
		Shot self in h	ead in bed	room of home.				
20c. TIME OF INJURY Hour o.m.	Month, Day, Yeor		ACE OF INJURY (Hame, far tary, street, office bldg., etc		(County) (State)			
4.15am p.m.	5-18- 19 67	at work at wark ho		same as #2				
21. I certify t	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry x, ond in my opinio							
deoth resulted	deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner							
ACTUAL	CHIEF MEDICAL EXAMINER							
SIGNATURE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER							
EXAMINER'S NAME (Type) JOY	Kehoe, M.	D. Riverdale, Md		CAL EXAMINER (25) et, city, town, or county)	5-30-67			
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY		(County) (Stote)			
BENDA F (B.L. A)	0/0/000	0 7 7 779 7 7						
	6/1/67	Cedar Hill	Cem.	Suitland,	Md.			
24. FUNERAL DIRECTOR ]	Valley's F	uneral ADDRESSMT Ra Marylar	Cem.	Suitland, I	RAR'S SIGNATUR			

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# VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH  ODS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  OTO DEATH  OTO 99
PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)  b. CRUNTY  B. STATE  MARY LAND  B. PRINCE GEORGES
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  AN DREWS AIR FORCE BASE, MD  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  USAF HOSPITAL	
NAME OF First Middle DECEASED (Type or print) PATRICIA L KENNEDY	Last 4. DATE Month Dey Yeer OF DEATH MAY 27 1967
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH  DECEMBER 11, 1935 9. AGE (in years last birthday) 31 yrs. Hours Min.  STRY   11 BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY!

	-	PRINCE G	EORGES	MARYLAN	a. STATERY	LAND	b. coun	CE GEO	RGES	/
		AN DREWS	N (if outside corporate limits, and give nearest town)  AIR FORCE BASE SPITAL OR INSTITUTION (if not in			N HILL	corporate limits, write	RURAL and giv	e. IS R	esidence
5		USAF HO	SPITAL		715 D	ENNIS ST	REET			ио 📉
	1	NAME OF DECEASED (Type or print)	PATRICIA L KE	NNE DY	Last	4. DAT		/ 2		
	5. FE	SEX EMALE	00110001011	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	<b>LL. L</b> 935	last birthday)	Months Days		Min.
	don	USUAL OCCUP ne during most of HOUSEWIF FATHER'S NAME	working life, even if retired)	Db. KIND OF BUSINESS OR IND		R, MAINE	, or foreign country)		D STAT	
	13.						ACNON			
	15.		E A. CLUKEY  EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	FLUKE	NCE A. G	Address		ANDDE	LIC AF
		s, no, or unkown) NO	(If yes give war or dates of service)	UNKNOWN	W.H.KENNED	Y, 3815-		NA AVE.	BASE,	
			DUE TO  eny, which ediate cause	per line for (e), (b), and (c).]  ARCINOMATOSIS  CINOMA, EPIDER	MOID, UTERII	NE CERVI	X		NTERVAL BE ONSET AND 8 MO	
1	CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDITIONS					EN IN PART 1(e)		AUTOPSY DRMED? NO .
	1	OR CONTRIBUTION	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCC	URED. (Enter nature of in	jury in Part I or P	art II of item 1B.)			
	MEDICAL	20c. TIME OF IN Hour a.r	n.	20d. INJURY OCCURRED   20e While   Not While t work   et work	PLACE OF INJURY (Hostactory, street, office blooms)		(City or town)	(County)		(Stete)
			that NX(this hospital) a	1						
/		22c. PHYSICIAN NAME (Ty	eliael of	DAN, CAPT USAF	M.D. ATTENDING PHYS. [22d. ADDRES	MED. DIRECTOR SS ANDREWS	STAFF PHYS. X	27 BASE	MAY 6	DATE SIGNED;
a	_	BURIAL, CREM. REMOVAL (Spec	ATION, 236. DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	13:	COCATION (City, tow	Ma	ine	itete)
	24	FUNERAL DIRECT	On's SIGNATURE	ADDRESS 517.	noton 200	11111 4	1967	HSTRAR'S SRGI	Agreedy	2

THAT I WITH BUT DECEMBER III, 1935 T THE WALL STREET, THE PARTY OF T SAMOOR, MINISTER BRILLIE STORE MOMENTE IN BORRESTON BECHOME ... VA. KERTETY, EMES-RELIGIONAL AVE. TOSE, ME. 21211111011011011011011011 THE STREET STREET OF THE COURSE A STATE OF ANY STATE OF THE PART OF THE STATE OF THE STAT 27 VAV 67 MICHAEL JORDAN, CAST LIGHT HE TISARH AND ENG AIR EGROL PACE, ME SECTION OF THE SECTIO The second secon

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PRESTON STREET, BALTIMORE, MARYLAND RECORDS, 301

	0, 001 111 1 11201		,	
BAEDICAL	EVA SSINIEDIC	CEDTIFICATE	OF I	DEATH

0712	Ω	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	07100
PLACE OF DEA     O. COUNTY	TH Comment	MARYLAND	o. STATE	(Where deceosed lived, if institution: Res b. COUNTY	The state of the s
b. CITY OR TOV	Prince George's VN (If outside corporate limits,	C. LENGTH OF STAY IN 1b	Maryland	Prince Ge	
write RURAL	. and give nearest tawn)	701			11.1
Chev	erly ISPITAL OR INSTITUTION (If not in hi	DOA	d. STREET ADDRESS	71.1	e. IS RESIDENCE
					ON A FARM?
	George General 1			Barnabas Rd.	YFS NO X
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month OF	Doy Year
(Type or print)	Herbert	Н	Kidd	DEATH 5	24 1967 DER 1 YEAR   IF UNDER 24 HRS.
S. SFX		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	
Male	White	DOWED DIVORCED	5-2-1897	70 yrs.	
10o. USUAL OCCUPA during most of wor	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign country)	2. CITIZEN OF WHAT COUNTRY? USA
Re	tired	U.S. Government		ton D. C.	USA
13. FATHER'S NAM			14. MOTHER'S MAIDE		
W	illiam F. Kidd		Georgie	Windsor	
15. WAS DECEASED	EVFR IN U.S. ARMFD FORCES? wn) ((If yes give wor or dates of servi		INFORMANT	Address	
(165, 110, 01 01111101	(II Yes dive wor or dates of servi	A1	ba L. Kidd	Same As # 2	
	F DEATH (Enter only one couse per DFATH WAS CAUSFD BY:	1			INTERVAL BETWEEN ONSET AND DEATH minutes
42		Heart failure			unknown
7.0	ony which nove	Arteriosclerotic h	leart disea	se	unknown
rise to imme	diote couse (o),				
stoting the u	inderlying couse (c)				
_		BUTING TO DEATH BUT NOT RELATED TO	THE TEDMINAL DISEASE O	COMPLETION CIVEN IN PART 1/o)	19. WAS AUTOPSY
8	K SIGNIFICANT CONDITIONS CONTRIL	SOUNG TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	PERFORMED? YES NO X
CAUSE OF DEA	r CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury i	in Port I or Port II of item 18.)	
20c. TIME OF	INJURY Month, Doy, Yeor r o.m. p.m. 19		ACF OF INJURY (Home, fo tory, street, affice bldg., e		(Caunty) (Stote)
21. I ce	rtify that I took charge of	the remoins described obove, h	eld an Autopsy	, Inspection x, Inquiry 5	ond in my opinion
			cide . Homicio		
	10	117		AL EXAMINER	
ACTUAL SIGNATURE	1/1/2/2 /	X M		MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	ATUS!	- / -	IM.D.	DICAL EXAMINER	
	John Kehoe, M.D	Riverdale Md		reet, city, town, or county)	5-25-67
230. BURIAL, CREA	MAJION, / 23b. DATE THEREOF	Riverdale, Md 23c. NAME OF CEMEIFRY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
BEMOVALIS	edity) 5/27/67	Washington N		Prince Georges	. Maryland
		helm Funeral Home		EC'D BY REGISTRAR 2Sb. REGISTRAI	R'S SIGNATURF
		itland, Maryland	AMA	Y 29 1967 Jelian	ver Judge

FOR STAT necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forworded to the Chief Medical Examiner's Office plang with farm PM3. Pages any deloy is 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Departmen TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VR A 15ME (5)

4308 Suitland Road, Suitland, Maryland

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e function of the formal of the forethe of the formal of the formal of the formal of the formal of t	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the haspital ar attending physician.  Page 4 may be retained by the haspital ar attending physician ord campletely filled in by the function of director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar to buriol, crematian, ar remayal, and in any event, within 72 hours after death.	
VR A15 (4) 25M 1/67	The same

1. PLACE OF DE.				ATE OF DEATH			UTI	11
O. COUNTY	ATH				CE (Where deceosed live		sidence before	admission)
	PrinceGeorge	0	MARYLANI	o. STATE	(a.a., 1, 1	b. COUNTY		
	WN (If autside corporate limit		LENGTH OF STAY IN 16	c. CITY OR TOWN (	lary land If outside corporate limit		d give nearest	tawn)
	Cheverly		3 days		Capitol Hei	chte	16.1	
	OSPITAL OR INSTITUTION (If n		treet address)		Capitol Hei			ON A FARM?
3. NAME OF DECEASED	ce Ceorges Ce	rst	Middle	Last	00 - 64th 4. DATE 0F	Avenue Month	Doy	Year
(Type or print	Hat	tio	R	Knicht	DEATH	May	2	19 67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	last	(In years 1FU) birthdoy) Mon		Haurs Min.
Female	White	WIDOWED 🔀	DIVORCED	30 May 188		Yrs.		
	ATION (Give kind of work done rking life, eyen if retired) Sewife	INDUST	F BUSINESS OR RY	The state of the s	unty & State, or foreign co	untry) 1	2. CITIZEN OF COUNTRY?	
13. FATHER'S NA		A	t Home	Virgi:	118 DEN NAME		U.S.	Α
	liam Heflin							
	D EVER IN U.S. ARMED FORCES?	T 16. SOCIA	L SECURITY NO.	17: INFORMANT		Address		
	own) (If yes give war ar dates	of service)				1st Ave.		
No	OF DEATH (Enter only one co		L6-5784	Mrs Lee Thor	npson Cani	tol Hgts	Md	RVAL BETWEEN
rise to imm	f ony, which gove	(-)	rioscleroti	e Conditivas	cular Des	rasl		
last.	underlying couse	(c)						
PART II OTH		(c)	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN P	ART 1(o)	F	WAS AUTOPSY PERFORMED?
PART II. OTH OR CONTRIBUTION (IF FITHER IN	underlying couse	(c) TO DE		TO THE TERMINAL DISEASE		.,	F	PERFORMED?
PART II. OTH OR CONTRIBI (IF EITHER, N) 20c. TIME O	UNDERLYING COUSE  IER SIGNIFICANT CONDITIONS OF THE CONDITIONS OF	(c) TO DE	E HOW INJURY OCCUR		y in Part I ar Part II af	.,	F	PERFORMED?
PART II. OTH  OR CONTRIBI (IF EITHER, N)  20c. TIME O	UNDERLYING COUSE  IT WAS UNDERLYING DITIONS OF THE PROPERTY OF	20b. DESCRIB  20d. INJURY While of wark	E HOW INJURY OCCUR  OCCURRED  Not While of work	RED. (Enter nature of injur D. PLACE OF INJURY (Hame, foctory, street, affice bldg.	y in Port 1 or Port 11 of form, 20f. (City etc.)	ar tawn)	(County)	PERFORMED? S NO   (State)
PART II. OTH  OR CONTRIBI (IF EITHER, N)  20c. TIME O	Underlying couse  IER SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CONTROL OF THE SIGNIFICANT CO	20b. DESCRIB  20d. INJURY While of wark	E HOW INJURY OCCUR  OCCURRED  Not While of work	RED. (Enter nature of injure)  PLACE OF INJURY (Hame, foctory, street, affice bldg.  MAPRIL 30, that death accurred	y in Port I or Port II of form, 20f. (City , etc.) 19.67, to M. ol. 2.07 AM from	or town)  ay 2  n causes and c	(County)	(State)
PART II. OTH  OR CONTRIBUTINE OF Horizontal Properties of the contribution of the cont	Underlying couse  IER SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CO	20b. DESCRIB  20d. INJURY While of wark	OCCURRED 20e Not While at work the deceased from 1967, and	RED. (Enter nature of injur D. PLACE OF INJURY (Hame, foctory, street, affice bldg.	y in Port I or Port II of form, 20f. (City etc.) 20f. (City of 2 0 7 AM from MED.	ar tawn)  ay 2	(County) 1967, tho	(State)  (State)  (State)
PART II. OTH  OR CONTRIBUTINE OF Horizontal Properties of the contribution of the cont	UNDERLYING DUE  IT WAS UNDERLYING DUTIONS OF THE STREET DEATH OTHER MEDICAL EXAMINER)  FINJURY Month, Day, Year or o.m. 19  certify that (*) (this has be deceased alive an TURE	20b. DESCRIB  20d. INJURY While of work  pital) attended May 2,	OCCURRED 20e Not While at work 1967, and	PLACE OF INJURY (Hame, foctory, street, affice bldg.  m_April 30, that death accurred  M.D. PHYS	y in Port I or Port II of form, 20f. (City etc.) 20f. (City of 2 0 7 AM from MED.	ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)	(County)  1967, tho an the date b. DATE SIGNEL  5/2/6	(State)  (State)  at (\$\mathbb{Q}\) (we) lot stated above
PART II. OTH OR CONTRIBUTION O	IT WAS UNDERLYING UT OWN WE WAS UNDERLYING UT OWN WE WAS UNDERLYING UT OWN WE WAS UNDERLYING WAS UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UNDERLYING UNDERLYING UT WAS UNDERLYING UNDERLYING UT WAS UNDERLYING UT WAS UNDERLYING UNDERLYING UNDERLYING UT WAS UNDERLYING UNDERLING UNDERLYING U	20b. DESCRIB  20d. INJURY While of work  pital) attended May 2,	OCCURRED 20e Not While at work 1967, and	PLACE OF INJURY (Hame, foctory, street, affice bldg.  m_April 30, that death accurred  M.D. ATTENDING PHYS. 22d. ADDRESS Prince	y in Port I or Port II of form, 20f. (City etc.) 19.67, to M. olicity  MED. DIRECTOR  Georges Ger	ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)  ar tawn)	(County)  1967, tho an the date b. DATE SIGNEL  5/2/6	(State)  ort (% (we) lot stated above)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07122	CERTIFICATE	E UF DEATH	U	102
1.	PLACE OF DEATH a. COUNTY			ere deceased lived, If Institution:	: Residence before admission)
P	BINCE GEORGES.	MARYLAND	MARYLAND	PRINCE G	EORGE'S
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		e corporate limits, write RUR	
	Write RURAL and give nearest town)  BRADBURY HGHTS	13YRS	BRADBURY I	Leute	111
	DRADBURY HGATS  d. NAME OF HOSPITAL OR INSTITUTION (IF not in hi		d. STREET ADDRESS	AGATS	e. IS RESIDENCE
-				ct.	ON A FARM?
2	206 BYERS ST.	Andre	5206 BYBRS		YES NO X
٥.	DECEASED	Middle		DF. Adams	
5	SEX   6. COLOR OR RACE   7 MARRIED	MAY A	169161	9. AGE (In years   IFUND	19 6 7
٥.	7. MARRIED	MEASY MARKED	MAR 6 1881	last birthday) Months	
-	WIDOWED	DIAOKOED	William Co.	86 yrs.	
dur	USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &	State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	OUSEWIFE		MARYLAI		VIS
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
6	ECRGE REIDY		MARY BU	CKLER	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown)   (If yes give war or dates of service)		INFORMANT	Address	- * C * * -
(10	57	7-68-7568T GE	EORGE P.SIM.	MONS SAN	AE AS TO
1	18. CAUSE DF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Mussam	In Name	mic	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ומינטוריטוףיי	-1995-1610	1	70975
	Conditions If any which \	Tuxul ato	AXITMOSE	Knis	20-306.
	gave rise to immediate	micry 11. Just	11216 11000	0.00	
	cause (a), stating the DUE TO	Preside I	of it was		104
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH DUT NOT DELA	TED TO THE TERMINAL DISEASE	COMPITION CIVEN IN PART 1/	(a)  19. WAS AUTOPSY
ATIC	160 ac O	TING TO DEATH BUT NOT KELA	IED TO THE TERMINAL DISEAS	E COMPLITON GIA EN HALYKI T	PERFORMED?
FIC.	NYION FAR PATE	my system			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. I OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	In Part I or Part II of Item	18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	The state of the s	factor	CE OF INJURY (Home, farm, 2) ry, street, office bldg., etc.)	20f. (City or town) (C	County) (State)
4ED	Hour a.m. While p.m. 19 at worl	Mot while	,,, across, amountage, aco.,		
-	21. I certify that (I) (this hospital) attend		1954 19	to MAY 9 19	67, that (I) (we) last
	saw the deceased alive on Alexand	1 1/2 . / /	60	M, from the causes and or	
	22a. SIGNATURE 0-111			22b.	DATE SIGNED
	Mima Thelen	M.D	ATTENDING MED.	TOR THYS. Ma	y 9, 1967
	22c. PHYSICIAN'S	- W D	1 004 ADDDECC	Ed. Se, Wash.	D.C. 20027
	NAME (Type) Thomas F. Cull	en, M.D.	JIOS Mariboro	nu. se, wash.	D. C. 2002/
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY   23	d. LOCATION (City, town or	county) (State)
P	REMOVAL (Specify) MAY 12, 1967	WASHINGTON	NATIONAL	SUITLAND. 1	MARYLAND
24	FUNERAL DIRECTOR	ADDRESS		BEGISTRAR 250 AGGISTR	
1	11 111 PLANDERS COD	PULL TODA 175	MAY I	5 196/ /	and June

VR AI5 (4)

Mysenson Ingrenny 1042 parameda warmeng Courses Litter was WPTS Ray mony Inform

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. 73

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07123 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	กซากา
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before aumission) /
a. COUNTY Prince George's MARYLAND	Penna E RIE	<b>√</b>
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)
Riverdale 3 days	Lake City	75.3
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Leland Memorial Hospital	122 Rice Ave.	YES NO
3. NAME OF First Middle	Last 4. DATE Manth	Day Year
DECEASED (Type or print) Arthur M. K.	unz JR. OF DEATH 5	11 19 67
	B. DATE OF BIRTH 9. AGE (In years IF	UNDER I YEAR   IF UNDER 24 HRS.
male white WIDOWED DIVORCED	11-15-1946   last birthday) Mo	anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN DF WHAT
during most of working life, even if retired)  STUDENT  INDUSTRY  STUDENT	ERIE PENNSYLVANIA	COUNTRY? UNITED STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UNITED CITATION
ARTHUR M. KUNZ. SR.	MAREL HOLTDAY	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT (FRIEND) Address	
(Yes, na, ar unknawn) (If yes give war ar dates af service)	VAN VLIET 12520-EASTBOUR	PRING M.
1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)	VAN VEIEI 12520-EASTBOOK	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest		ONSET AND DEATH
	ive repair of laceration of	
Conditions, if any, which gave ) (b)	liver.	
rise to immediate cause (a). stoting the underlying couse DUE ID Trauma	11/61.	
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TD	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO IN THE PART OF		PERFORMED? YES NO SC
200. EXTERNAL CAUSE WAS PRIMARY EN OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTI	(Enter nature of injury in Port I or Port II of item 1B.)	
PRIMARY 10 OF CONTRIBUTING CAUSE OF DEATH.	hh hh-333	
20r TIME OF INITIPY Month Day Year 20d INITIRY OCCURRED 20e PLA	ther baseball player  ACE OF INJURY (Home, form, 120f. (City or town)  tory, street, affice bldg, etc.)	a (County) a (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o.m. While Not While for	tory, street, affice bldg., etc.)	George Co.
21. I certify that I took charge of the remains described above, he	e ball field, Univ. Of Md.	College Park
deoth resulted from: Notural causes, // Accident x. Sui	ord dir Adropsy [], mispochan [A, middiry	ond in my opinion
deoin lesuled from: Notaral causes Accident XI, Suit	cide , Hamicide , Undetermined mann	er
ACTUAL ACTUAL		22. DATE SIGNED
SIGNATURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Sc	
RXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale, Md		5-12-67
23a. BURIAL, CREMATION, / 23b. DATE THEREDF 23c. NAME OF CEMETERY OR		(County) (State)
230. DONIAL, CREMATION, / 230. DATE HILKEDI	CKLINKTOKI	(coomy) (state)
REMOVAL (Specify)		, , , ,
REMOVAL (Specify) BURIAL  5/15/1967  24. FUNERAL DIRECTOR  ADDRESS WASH.	GIRARD.PENNS	, , , ,

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07104

		CERTIFICA	IE OF DEATH		01103
1. PLACE OF DEATH o. COUNTY	Prince George	es MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: b. COUNTY	Residence before odmission)
write_RURAL at	(If outside corporote limits, nd give nearest town)  Dale (rural)	c. LENGTH OF STAY IN 16		stside carporote limits, write RURAL	ond give neorest town)
	ITAL OR INSTITUTION (If not in		d. STREET ADDRESS	grout, D. C.	I e. IS RESIDENCE
	Dale Hospita			St., N. W.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First James	Middle <b>H</b> •	Lawson Lawson	4. DATE Month OF DEATH 5	Doγ Year 6 19 <b>6 7</b>
s. sex Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 3/23/1901		FUNDER 1 YEAR   IF UNDER 24 HRS. Nonths Doys Hours Min.
10a. USUAL OCCUPATIO during most of working Labores	ON (Give kind af wark dane g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY last employed-Ft. Belvoir	11. BIRTHPLACE (County  Spottsylv	& Stote, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Elmore	Lawson		Cora Sta	nley	
15. WAS DECEASED EV (Yes, na, ar unknawn)	/ER IN U.S. ARMED FORCES? ) (If yes give war ar dates af ser		7. INFORMANT  Decedent	Address	
Conditions, if on nise to immedia stating the und	DUE TO  (b)  ote couse (ο),  DUE TO	Pulmonary tubercu	ilosis, far a	dvanced	ONSET AND DEATH 12 yrs.
ized at mellitu 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF	SIGNIFICANT CONDITIONS CONTI THE TOSCILETOS IS 18 : BILLETOS IS AS UNDERLYING   G \( CAUSE OF DEATH Y MEDICAL EXAMINER} \)	RIBUTING TO DEATH BUT NOT RELATED TO WITH atheroscler above-knee amputs  20b. DESCRIBE HOW INJURY OCCURRED	otic heart ditions, right	1862; 1dfabete	PERFORMED? YES X NO
Hour o	JURY Month, Doy, Yeor a.m. 19	20d. INJURY OCCURRED While Not While of work Otwork	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)	n, 20f. (City or town)	(Caunty) (Stote)
21. I cert	rify that 🗱 (this haspita	l) attended the deceased fram 5/6/ 19 <mark>67</mark> , and t		9 <u>56</u> , ta <u>5/6/</u> 12 <sub>nooth</sub> fram causes an	d an the date stated above
22a. SIGNATURE	Uline	When	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED 5/6/67
	Mrl			MED. DIRECTOR X STAFF PHYS.  Glenn Dale Hos Glenn Dale, Md	5/6/67 pital

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbes, papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after depti Page 4 may be retained by the haspital ar attending physician.

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Nor Petas, S. C.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07125

### CERTIFICATE OF DEATH

07105

OSTES			CEKTIFI	CAIL	OF DEA	AIII.				ATT	UU		
					2. USUAL RES	IDENCE (	Where deced	sed lived,	if institut	ion: Reside	ence before	e odmissi	on)
Prince	George's		MARYL	AND	Ma Ma	ryla	ind		D. COOI	Pri	nce	Geor	ge's
		c.	ENGTH OF STAY IN	1b	c. CITY OR TO	WN (If ou	stside corpar	ote limits,					,
Chever	ly (own)	3	l day s		We	st I	anham	Hil	ls			16.	/
. NAME OF HOSPITAL OR INS	STUTION (If not in h	nospital, give s	treet oddress)		d. STREET ADD	ORESS							
Prince Geo	rge's Gen	eral H	ospital		77	25 6	Garris	on S	tree	t			NO X
NAME OF DECEASED (Type or print)	First Melvi	.n	Middle L.	(Sr	.)Leize	ar	4. DATE OF DEATH	1	Mon	th	Dογ 20	Ye	67
		MARRIED X	NEVER MARRIED					9. AGE (In	yeors rthdov)				R 24 HRS. Min.
	111		DIVORCED						Y13.				
								oreign cour	ntry)				
	Lizear		330					ohns	on				
WAS DECEASED EVER IN U.S. A es no or unknown) (If yes given	RMED FORCES? e wor or dotes of servi	16. SOCIA 578	L SECURITY NO. 10 8996			le E.	. Lei	zear			as #2	2 (w:	ife)
18. CAUSE OF DEATH (Ente	er only one couse per	r line for (o),	b), ond (c).)										
PART I. DEATH WAS CAUSED BY:								ON	SET AND	DEATH			
521 X DUE TO													
		Pulmo	nary Abs	cess	es with	Sen	ticem	ia					
													700
lost.	(c) _												
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DE	ATH BUT NOT RELA	TED TO T	HE TERMINAL DI	SEASE CO	NDITION GIV	EN IN PAR	RT I(a)			PERFORA	OPSY NED? NO
OR CONTRIBUTING CAUSE	OF DEATH	20b. DESCRIE	E HOW INJURY OCC	URRED. (	(Enter nature of	injury in	Port I or Po	ort II of ite	em 18.)			AX	
,		While	Not While					(City o	r town)	((	ounty)		(Stote)
21. I certify that	(I) (this haspital	) attended	the deceased f	ram Aj	prill9								
	olive on May	20	19 <u>_67</u> , ai	nd that	death occu	rred at			causes				d above
220. SIGNATURE	Coming &	Lei	un	M.D	ATTENDING PHYS.		MED. DIRECTOR	ren ST	IYS.	5	/20/	67	
22c. PHYSICIAN'S NAME (Type)Edwi	n J. Jens	en, M.	D.				orge!	s Ger					ylan
o. BURIAL, CREMATION, BREMOYAL (Procify)	23b. DATE THEREOF 5/23/67	23				1	Col	ocation (	City or To Mar	own)			Md.
4. FUNERAL DIRECTOR		E	ADDRESS	-1-1	Caral	2So. REC	D BY REGIST						
Hyattsville, J	Maryland	Fran	icis Gas	cn's	Sons	DATEMA	122	1967	2	Clean	la O	uda	
	PLACE OF DEATH  o. COUNTY  Prince  b. CITY OR TOWN (If autside write RURAL and give near chever)  d. NAME OF HOSPITAL OR INST  Prince Geo  NAME OF HOSPITAL OR INST  Prince Geo  NAME OF HOSPITAL OR INST  Prince Geo  NAME OF HOSPITAL OR INST  PACECASED (Type or print)  SEX  6. COLOR  Male  D. USUAL OCCUPATION (Give kind life, even if cheven if ch	PLACE OF DEATH  o. COUNTY  Prince George's  b. CITY OR TOWN (If autside carparate limits, write RURAL opd give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (If not in heart of the county)  d. NAME OF HOSPITAL OR INSTITUTION (If not in heart of the county)  DECEASED (Type or print)  SEX  6. COLOR OR RACE  Male  D. USUAL OCCUPATION (Give kind of work done product of working life, even if retired)  FATHER'S NAME  ROBERT B. Lizear  WAS DECEASED EVER IN U.S. ARMED FORCES?  es no. or unknown) (If yes give wor or dotes of servence of the county) one course per part 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove is to immediate course (o), storting the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor hour o.m.  p.m.  19  21. I certify that (I) (this haspital saw the deceased olive an Mas)  220. SIGNATURE  221. I certify that (I) (this haspital saw the deceased olive an Mas)  222. PHYSICIAN'S NAME (Type) Edwin J. Jens  O. BURIAL, CREMATION, BEMOYAL (Procing)  BURIAL, CREMATION, BEMOYAL (Procing)  4. HUNERAL DIRECTOR	PLACE OF DEATH  o. COUNTY  Prince George's  b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give state of the prince George's General Hospital Or Institution (If not in hospital, give state of the prince George's General Hospital Or Institution (If not in hospital, give state of the prince George's General Hospital Or Institution (If not in hospital, give state of the prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (If prince George's General Hospital Or Institution (Institution (Institution Institution (Institution Institution	PLACE OF DEATH  O. COUNTY  Prince George's  B. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF DECEASED (Type or print)  SEX  Male  Melvin  L.  SEX  Male  White  Widowed  Widowed  Widowed  Widowed  Widowed  Widowed  Widowed  Widowed  Widowed  Dib. KIND OF BUSINESS OR  Plumbing  TATHER'S NAME  Robert B. Lizear  Was DECEASED EVER IN U.S. ARMED FORCES?  Sono, or unknown) (If yes give wor or dotes of service)  To All DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Stoting the underlying couse lost immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTHY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  21. I certify that (I) (this haspital) attended the deceased of saw the deceased olive an May  20. 19 67, at 220. SIGNATURE  222. PHYSICIAN'S  NAME (Type)Edwin J. Jensen, M.D.  BERMOYAL (PRECTOR)  4. FINNERAL DIRECTOR  ADDRESS	PLACE OF DEATH  O. COUNTY  Prince George's  D. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Cheverly  A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF DECEASED  Melvin  L. (Sr  SEX  6. COLOR OR RACE  Male  White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  FIRST  WIDOWED  DIVORCED  DIVORCED  DIVORCED  FATHER'S NAME  Robert B. Lizear  WAS DECEASED EVER IN U.S. ARMED FORCES?  Sand or unknown)  (If yes give wor or dotes of service)  To Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THOU TO ME.  200. ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THOU TO ME.  200. ACCIDENT WAS UNDERLYING OR ON THE MEDICAL EXAMINER)  201. I certify that (I) (this haspital) attended the deceased from A saw the deceased olive an May 20 19 67, and that 22c. PHYSICIAN'S NAME (Type) Edwin J. Jensen, M.D.  D. BURNAL, CREMATION, 23b. DATE THEREOF SHOWLY ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS.  A FILIPPING OF CAMERON OF CEMETERY OR Ft. Lincoln  18. CAUSE OF DEATH (Inter only one couse per line for (o), (b), and (c).)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THOU TO MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR ON THE MEDICAL EXAMINER)  21. I certify that (I) (this haspital) attended the deceased from A saw the deceased olive an May 20 19 67, and that 22c. PHYSICIAN'S NAME (Type) Edwin J. Jensen, M.D.  D. BURNAL, CREMATION, 23b. DATE THEREOF FOR The Control of CEMETERY OR Ft. Lincoln  4. FINNERAL DIRECTOR  ADDRESS	PLACE OF DEATH  O. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (If outside capparate limits, write RURAL and give neargest fown)  Cheverly  3 1 day s  We d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  TOTAL CENTRY  MARYLAND  TOTAL OR TOWN (If outside capparate limits, write RURAL and give neargest fown)  A STREET ADD  Prince George's General Hospital  TOTAL CENTRY  Melvin  First  Middle  L. (Sr.) Leize  SEX  Male  White  Widowed  Universe Married  Whowed  Universe Married  Not White  Widowed  10 b. KIND OF BUSINESS OR  Plumbing  FATHER'S NAME  Robert B. Lizear  WAS DECEASED PYER NU.S. ARMED FORES?  Set Do or unknown) (If yes give wor or dotes of service)  TOTAL ORDINARY OF THE CONTRIBUTION O	PLACE OF DEATH  0. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Q. 1 day S. West I.  Q. LENGTH OF STAY IN 1b  Q. LOST TREET ADDRESS  Prince George's General Hospital  NAME OF DECEASED Print)  Melvin  Melvin  Melvin  Melvin  Melvin  Middle  Middle  Middle  Middle  Middle  Middle  Middle  Middle  Mitte  Middle  Midd	PLACE OF DEATH  O. COUNTY  Prince George's  MARYLAND  B. CITY OR TOWN (if outside carparate limits, write RIRAL and give nearest fown)  West Lanham  d. NAME OF MOSPITAL OR. INSTITUTION (if not in hospital, give street oddress)  Prince George's General Hospital  NAME OF DECASED  (Type or print)  SEX  A. COLOR OR RACE  Melvin   PLACE OF DEATH  O. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL)  MARY PRINCE OF HOSPITAL OR INSTITUTION (if not in hospital), give street oddress)  Prince George's General Hospital  NAME OF GEORGE'S  Prince George's General Hospital  NAME OF DECEASED  Male  Male  Mynite  Mynit	PLACE OF DEATH  C. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest from)  Mest V.  C. CITY OR TOWN (If outside corporate limits, write RUA god give needest)  Prince of work of the corporate limits, write RUA god give needest from Prince of the corporate limits, write RUA god give needest from Prince of the corporate limits, write RUA god god give needest from Prince of the corporate limits, write RUA god god god give needest from Prince of the corporate limits, write RUA god god god god god god god god god god	PLACE OF DEATH  O. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL comporate limits, write RURAL comporate limits, write RURAL or Not Prince George's General Hospital  J. Lays  J. Lays  J. Lays  Mest Lanham Hills  J. SER MARKE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street oddress)  Prince George's General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street oddress)  Prince George's General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street oddress)  T725 Garrison Street  NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give hiddle white with a part of the part of t	PLACE OF DEATH  O. COUNTY  Prince George's  MARYLAND  D. CITY OR TOWN (If outside capparate limits, write RURAL and give nearest write RURAL) give nearest write RURAL productions to provide measures write RURAL and give nearest RURAL and give nearest write RURAL and give nearest RURAL And give RURAL And give RURAL And give RURAL And give RURAL And give RURAL And give RURAL And give RURAL An	PLACE OF DEATH  C. COUNTY Prince George's  MARYLAND  D. CITY OR TOWN (If outside capparate limits, write BURAL and give neotest for a definish with BURAL and give neotest for write BURAL and give neotest frown)  A NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince George's General Hospital  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  NAME OF NOSPITAL OR INSTIT	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician.

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Pulmonary Abaceases with Septicemia

Donal Turk , Virgy 5:0

"Indiana, M.D. Prince Conveta Games Conveta Caperal Compilers

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		07126	CERTIFICATI	E OF DEATH	07	106
	1.	PLACE OF DEATH 8. COUNTY Prince Leong	MARYLAND	2. USUAL RESIDENCE (	Where deceased lived, If institution: Reb. COUNTY	Leonge
	Co	b. CITY OR TOWN (if outside corporate iii) write RURAL and give nearest to m d. NAME OF HOSPITAL OR INSTITUTION (i	12 years		teights Est	e. IS RESIDENCE
9	2	3907 Commande	Middle	3907 Comm		ON A FARM? YES NO NO NO Year
	3.	NAME OF DECEASED (Type or print) (3 +e )	Day Lei	Last 4.	OF DEATH May 13	1967
1	7	emale white "	VIDOWED DIVORCED	12 Jeft 18	iast blothday) Months wrs.	Days Hours Min.
	10a dur	a. USUAL OCCUPATION (Give kind of work done ing mostro) working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Dunner.	da Tenn.	TIZEN OF WHAT
1	13.	Level Bleds	e Day -	14. MOTHER'S MAIDEN	o Mone	ASM.
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unkown) (If yes give war or dates of serv		TIPORMANT KATA	erine 3 Address	Ser Drin
		18. CAUSE OF DEATH [Enter only one ca PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and (c).]	1	deren	INTERVAL BETWEEN ONSET AND DEATH
		4330 DUE TO Conditions, if any, which (b)	Proposive neu	rocirculat	out forlund	7
		gave rise to immediate cause (a), stating the underlying cause last.	adveralized on	teripolent	Tel .	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		JRRED. (Enter nature of in	Jury In Part I or Part II of Item 18.	.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	r 20d. INJURY OCCURRED 20e. PLA While Not While at work et work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)		inty) (State)
		21. I certify that (I) (this hospital saw the deceased alive on 12?	. , , , , , , , , , , , , , , , , , , ,	t death occurred at 4	to /3 Marf , 19 (2) M, from the causes and on t	that (I) (we) last he date stated above.
		22a. SHATYATURE	thaly M. D. M.E			May 67
		22c Hysician's NAME (Type)	Fd. Mattingli	ADDRESS 220	oRgare 718	DB20018
1	238	Burial (Specify) May 16,	1967 Ft Lincoln C	emetery	23d. LOCATION (City, town or con Colmar Manor Pro (	ieo Md.
)	24	F. Gasch's Sons H	ADDRESS yattsville, Md.	25a, REC'D	BY REGISTRAN 25b. REGISTRAN	SSICHATURE

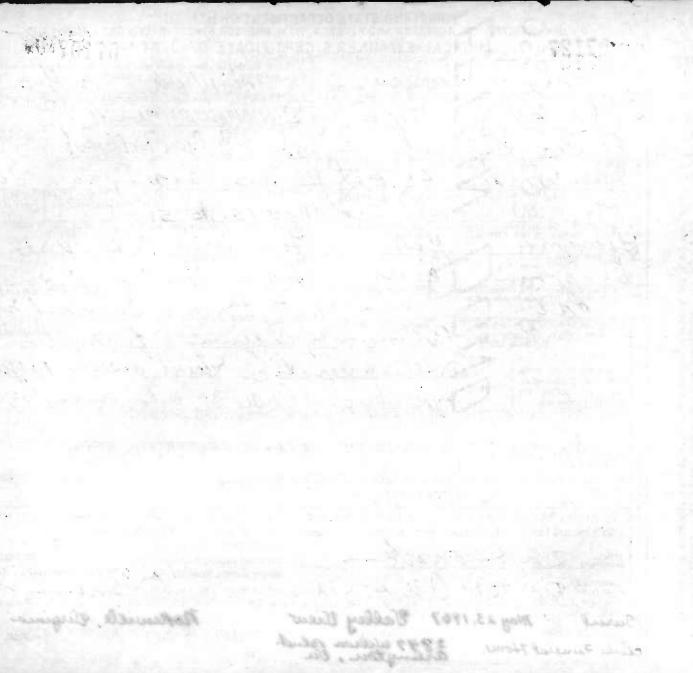
# FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, each certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be, O retained for your files. TO DEPUTY MEY director. VR AISME (5) 1/65 5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07107

	tem #2 & To F	m # 3280 67 77767	10	01101	
1.	PLACE OF DEATH a. COUNTY	2. USUAL R	ESIDENCE (Where deceased lived, b.	If institution: Residence	before admission)
	h CITY OR TOWN //f entelde corporate limite	MARYLAND C. CITY OR T	MARKETER	VILLAS	74
	b. CITY OR TOWN (if outside corporata limits, verite RURAL end give nearest town)	ENGTH OF STAT IN 1B	OWN (If outside corporete limit		Ladelphia
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	b give street eddress) d. STREET A	ARIAN TIAN	THIN	IS RESIDENCE
	Pr Lier Heneral	give street eddress) d. STREET AL	eri Na Grever Blo	00. 12.1	ON A FARM?
3.	NAME OF First	Middle / Lest	4. DATE	Month Day	
	(Type or print) -W/LOAM AL	LEN LEW	OF -		19 47
5.	SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED   B. DATE OF BI	RTH 9. AGE (in y	raaps   IF UNDER 1 YEAR   day)   Months   Days	Hours   Min.
	WIDOWED [	DIVORCED _ NOU	11/9/10	/rs.	
10 du	a. USUAL OCCUPATION (Give kind of work done) 10b. KiND OF ring most of working life, agen if retired)   INDUST		LACE (State or foraign country	12. CITIZEN COUNTRY	
1	Jourger Hor	For	nfield N	C U	SA
13	ATHER'S NAME	14. MOTHER	'S MAIDEN NAME		
	Densom Fell	us Dez	a Frote	Y	7 11
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA et, no, or unkown) (If yas give war or dates of service)	L SECURITY NO. 17. INFORMANT	n :	iddrass 500 50	elun Hell
	MO 211	4-14-0398 mally	terner :	sutten	f night
	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]	i.		RYAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	would cet	ma &	in much	10
	HH37 DUE TO	- 1 1	Solant 1	inan 1	Extres.
	Conditions, if any, which gave rise to immediate	us dervice	XXXX P	New -	a grace
	cause (a), stating the DUE TO Higher underlying cause last.	- derive Con	12 Tensvila	lesia.	10cus
*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(e)   19.	WAS AUTOPSY
CERTIFICATION				YE	PERFORMED?
HE	202. EXTERNAL CAUSE WAS 20b. DESCR	IBE HOW INJURY OCCURRED. (Enter n	atura of injury in Part I or Par	t II of Itam 18.)	
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY Hour 8.m. While	factory stragt office	Home, ferm, 20f. (City or to	wn) (County)	(State)
MED		ot While et work			
8	21. I certify that I took charge of the remains	described above, held an Autopsy	, Inspection	inquiry and	d in my opinion
	death resulted from: Natural causes	Accident , Suicide ,	Homicide, Undeterm	nined manner	1117
	ACTUAL And Andrew	7/10	MEDICAL EXAMINER	9	DATE SIGNED
	SIGNATURE OVIN	IW.D.	ANT MEDICAL EXAMINER	4318 ou	- DATE SIGNED
	EXAMINER'S TO SUITE A / () 1/	3	Y MEDICAL EXAMINER	1011	1 21
23	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c		s (Street, city, town, or county	Ity, town or county)	(State)
	DEMOVIAL (01(-)	Valley View	nokes.	1 = 1 = 11	4
_	FUNERAL DIRECTOR	ADDRESS 2 Willen Blud. 2	5a. MACO BY REGISTAGE 25	b. AEGISTRAR'S SIGN	ATURE
C	luce Funeral 7 toms tirlin		ATE	" 0	0
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MARYLAND STATE DEPARTMENT OF HEALTH

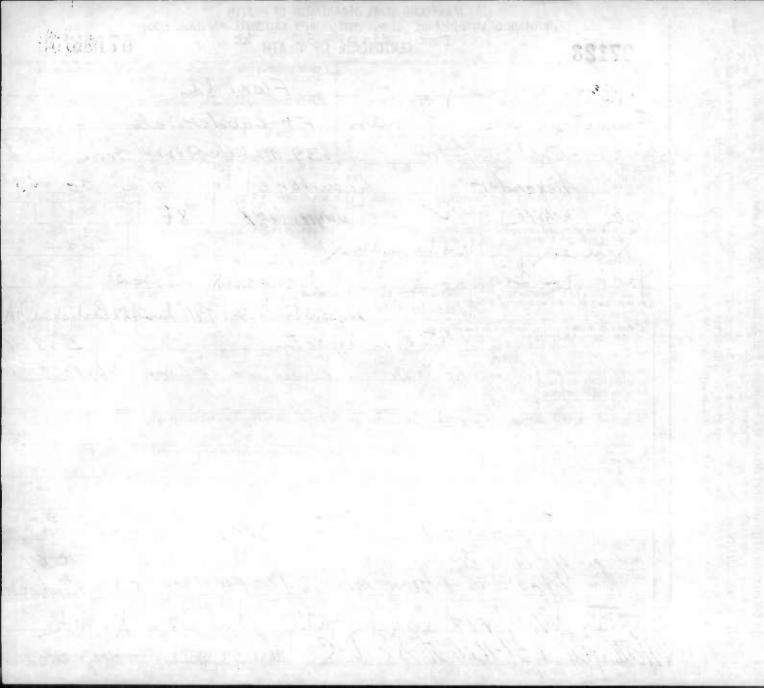
Item CERTIFICATE OF DEATH k	ZION	10	JAITY	RECORDS,							
				Item	CED	TIE	ATE	ne5	125	447	k

07102

	07128	CERTIFICATE	OF DEATH	0.108	
	PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	osed lived, if institution: Residence before odmi	ssion
	o. COUNTY Prince George	MARYLAND	O. STATE	b. COUNTY	0
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corps	prote limits, write RURAL and give nearest town	1
	write RURAL and give nearest town)	4 h + 8 >		1 1 1 21	02
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital give street address)	d. STREET ADDRESS		ESIDENCE
1	1 111 01/1/1	11	1 - 1 01		ESIDENCE A FARM?
L	egent Nurs, + Kehabilitation	nlonfer	639 Middle		NO M
	NAME OF First	Middle	Lost 4. DATE	Month Doy	Year
	(Type or print) Alexander		CATION & DEAT	700	1967
Š.	SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	DATE OF BIRTH 1880	9. AGE (In years FUNDER I YEAR IF UNI lost birthdoy) Months Doys Hour	DER 24 HRS.
,	make white wil	DOWED DIVORCED	4419, 188	S Byrs.	3 14(11),
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or	foreign country) 12. CITIZEN OF WHAT	
JI.	ing most of working life, even if retired)	I INDUSTRY	Washington	D C (COUNTRY)	7
3.	EATHER'S NAME	OILA IN BOOK	14: MOTHER'S MAIDEN NAME	N. 3	
	Jani + 1 in	000	ho Y	year an)	
5	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. III	VFORMANT.	Address	
(Ye	(If yes give wor or dotes of serving	(e) 225-64-648711	J. J.	and and and	1.4
_		J-KA	and Filariane	14/1 hosey & Dishool	ine M
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).)	11	INTERVAL I	
	IMMEDIATE CAUSE (o)	Wigels torky	Collaps	3-/	861
	DUE TO	10 / / //	2 /.	111. 1. 1 15-	20.67
	Conditions, if onγ, which gove (b)	METASTATE	( oreivana-	of Livere 9 Colors	70 -
	stoting the underlying couse DUE TO		(		
	last. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	VEN IN PART I(o) 19. WAS A	UTOPSY IRMED?
CEKTIFICATION				YES	NO K
2	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Port I or P	ort II of item 1B.)	
2	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Š	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f.	(City or town) (County)	(Stote)
MEDICAL	Hour o.m.	While Not While focto	ry, street, office bldg., etc.)	(6.1) 01 10411) (600.11)	(51010)
	p.m. 19	ot work U ot work U	3	=	
	21. I certify that ( (this haspital)		3 - 1961.	to 5-20, 196 7that	(we) los
	saw the deceased alive on	20-6/19, and that	death accurred 1500	M, from couses and on the date stat	red above
	220. SIGNATURE	7	ATTENDING MED.	STAFF 22b. DATE SIGNED	100
	ceper// Hoch	eccon we M.D	PHYS. DIRECTOR	LI PHYS. LI 3 -20-	6/
	22c. PHYSIS(AN'S MAME(Type)	4. PILLOR MO	22d. ADDRESS	alboro PICE SE	
	1/1101-1			CUAS	438 D
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d.	LOCATION (City or Town) (County)	(Stote)
1	REMOVAL (Specify) 5/24/19	67 Wash. 1	rall s	untland; Md	
35	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGIS	STRAR 2Sb. REGISTRAR'S SIGNATURE	>
1	11000 151-11	1411.82.1.	C DAMAY 2 3	1967 Victionles Judge	2

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours ofter Page 4 may be retained by the hospitol or attending physician.

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07123	
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### CERTIFICATE OF DEATH

07109

001	C J										
1. PLACE OF DEA	TH					Vhere deceose	d lived, if institut		e before	odmissio	n)
o. COUNTY Prince	Centres		MARYLA	o. STATI	land		b. COU	ce Geo	roes		
	VN (If outside corporate lim	its,	c. LENGTH OF STAY IN			tside corporate	limits, write RUI				
write RURAI	and give nearest town)		16 hour				, , , , , , , , , , , , , , , , , , , ,	1/	-/		
Cheverly	SPITAL OR INSTITUTION (IF	-at in benefat		d. STREET	tsvill	re		10		IS RESID	TENCE
	Georges Gene		A CONTRACTOR OF THE PARTY OF TH		Tilde	n St			YE	ON A FA	ARM?
3. NAME OF		First	Middle	Los		4. DATE	Mont	th	Doy	Yeo	
DECEASED (Type or print)		Doris	M.	Li 11		OF DEATH	May		16.	196	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9.	AGE (In years	IF UNDER 1			24 HRS.
female	white	WIDOWED		11/20	/29		37 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPA during most of wor HOU	TION (Give kind of work dor king life, even if retired) ISEWITE	10b.	KIND OF BUSINESS OR INDUSTRY NOME		PLACE (County) Penna	& Stote, or fore	ign cauntry)	12. CITI	IZEN OF V	NHAT	
13. FATHER'S NAM	ME			14. MOTH	ER'S MAIDEN N	NAME					
Fra	nk A Werner			and the same	Mar	thaD H	icks				
1S. WAS DECEASED (Yes, no, or unknown)	DEVER IN U.S. ARMED FORCES wn) (If yes give wor or dote	? 16 s of service)	. SOCIAL SECURITY NO.	17. INFORMANT Claren	ce B L	illy	Hyattsv:		Md.		
	F DEATH (Enter only one of	ouse per line fo	or (g), (b), ond (c).)	1	1					VAL BET	
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (a)	Silevon	Lenu.	11				ONSE	T AND D	EATH
7100	4	JE TO							460	7	1010
Conditions, if	ony, which gove	(b)							100	0	
	diate couse (o),	JE TO							17 16		7.
lost.	inderlying couse	(c)							100		
PART II. OTHI	R SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELAT	ED TO THE TERMINA	L DISEASE CON	IDITION GIVEN	I IN PART 1(o)		19. V	VAS AUTO	OPSY ED?
S ACCIDENT	「WAS UNDERLYING □	1 206 1	DESCRIBE HOW INJURY OCCU	IPPED /Enter noture	of injury in	Port Lor Port	II of item 18 \		153		TO XXI
OR CONTRIBU	TING CAUSE OF DEATH	205. 1	SESCRIBE HOW HOOK! OCC	JAKED. (EIIIEI HOIDIG	or injury in i	1011 1 01 1011	11 01 110111 10.)				
(IF EITHER, NO	TIFY MEDICAL EXAMINER)	- 001	MINDY OCCUPAND I O	DI ACT OF MILLION	( (1) 1	20f.	(City on Assum)	10	m Au cl		Chah-1
	INJURY Month, Day, Yeor r o.m. p.m.	Whi		foctory, street, of			(City or town)	(Cou	птуј	(	(Stote)
21. l c	ertify that (I) (thisch	papital) atte	nded the deceased fr	am_ Jan	0,1	956, to	May 16.	, 18_	Z, tha	t (I) ≰	wex las
saw th	e deceased alive on_	May To	19 <u>67</u> , ag	d that death o	ccurred at,	9 A. M.	from couses	and an th	ne date	stated	above
220. SIGNAT	William &	1/0	sson All	M.D. ATTEND	ING XXX	MED. DIRECTOR [	STAFF PHYS.	22b. DA	TE SIGNED	)	
22c. PHYSIC NAME (	IAN'S Type) William D	. Ross	on, M. D.		ADDRESS		Hyatts	ville.	, Md.		
230. BURIAL, CREM REMOVAL (Sp Buria	acif. A	HEREOF 9, 1967	23c. NAME OF CEMETE Ft Lincols		У	23d. LOC Colm	ATION (City or To	r Pro	(County) Geo	(5	Md.
24. FUNERAL DIR	ECTOR		ADDRESS		2So. REC'D	BY REGISTRA	R 2Sb. RI	GISTRAR'S SI	GNATURE	-	
F. Gas	sch's Sons	Hyatts	ville Md.		DATEMA	Y 18	1967 &	Clark	es &	ubgo	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complétely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) (20 M 1/66

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1 - --Company of the state of the sta A COUNTY OF MALES AND A Military v . remarking t

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2/0 CERTIFICATE OF DEATH 07120

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physician. Signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death.			LACE OF DEATH					2. USUAL RESIDEN	ICE (Where de				nce before	odmissio	in)
o p		1	o. COUNTY			. At	ARYLAND	o. STATE	4 1		b. COUN				
e f				ince George (If outside corporate limit		C. LENGTH OF STA		c. CITY OR TOWN	rvland			rince			
th th				id give neorest town)	,	C. CLITOTIF OF STA	11 11 10	C. CHI OK TOTH	(11 0013106 (01	porote ilitiis, v	WITTE KOI	the one go	e ileoies	/	
o p			Che	everly		12 Day	VS		1nhi				- 16	011	
in in 2 h	- 1		I. NAME OF HOSPI	TAL OR INSTITUTION (If n	not in hospital,	give street oddress)		d. STREET ADDRES	5				1.0	ON A FA	DENCE
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on car		_	Type or print)	Ali	_	L		Lohr	DE	9. AGE (In	Ma	ay Tif under	16	19 IF UNDER	67
ev ev		S.	DEX	6. COLOR OR RACE	7. MARRIED	NEVER MARK	RIED	B. DATE OF BIRTH		lost birt		Months	Doys	Hours	Min.
T C		Fe	male	White	WIDOWED	DIVOR	CED 🔲	1 Feb., 1	1894	73	Yrs.		,		
an and		100	USUAL OCCUPATIO	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & Stote,	or foreign count	ry)		TIZEN OF	WHAT	
an ase		duri	HOUSEV	life, even if retired)	Δ.	THOME		MARY	LAND	-114		1	DUNTRY?		
Sici		13.	FATHER'S NAME	VIII		HOME		14. MOTHER'S MAI	DEN NAME				, <u>()</u> ,		
n n				- D	177 ( 1					EITZ	EL				
The			FRANK		ELL		1	LOVIS	E VI	2112					
tendin rmit. , ar re				ER IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO	). 17. 1	NFORMANT	Allb		Addre	P A	5 #	2	
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pe				EATH (Enter only one co	use per line for	(o), (b), ond (c).)			0					RVAL BET	
the			PART I. DEA	TH WAS CAUSED BY:	ala	me cara	101 1-	el MAL	1-M					SET AND D	EATH
by ran			150	IMMEDIATE CAUSE	(0)	100 80000	VVCE /	ta co	- /				1	7	
physician signed by burial-tra			Conditions, if on	which gave	NOA	no earce ubro vas	a. C.	and le	L				1	en.	
ohy ign ign			rise to immedio			word bows	or car	unulasm					1 3	100	7
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ding been the ar to			last.	)	(c)										
attending has been se as the h priar to		z	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEAS	E CONDITION	GIVEN IN PART	1(0)		19.	WAS AUTO PERFORM	PSY ED2
- o c s t	2	CERTIFICATION											Y		NO XX
aspital ar certificate hed for u		FEC	20o. ACCIDENT W	AS UNDERLYING	20b. DI	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of inju	ry in Port I or	Port II of item	1 B.)				
音音音		CERT	OR CONTRIBUTING	G   CAUSE OF DEATH							,				
haspil is certi tached	- 4	AL		MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED	00- DIA	CE OF INJURY (Home	form 1 2	Of. (City or 1	launal	IC.	ounty)	- /	Stote)
by the haspital viter this certificate be detached for State Dept. of H		MEDICAL	Hour o.					ory, street, office bldg		oi. (City of	iowiij	(cc	Julily)	,	Siole)
er te		×.	p.	m. 19	of wor	k 🔲 ot work 🗀			-						
After After I be Stat			21. I cert	ify that (I) (始级为9	spital) often	ded the deceose	ed from	death occurre	1,1967	, to May	16	, 19,	67, th	ot (I) (	wa) las
			saw the o	deceased olive on_	May 16	1967	, and tha	death occurre	d of 1/5(	TMI fram	couses	and on t	the dat	e stoted	above
is beginning			220. SIGNATURE			0 - 11	>	ATTENDING	MED	674		22b. D	ATESIGN	ED /	,
d were			DA	rald (11)	mil	h KAI	M.I	D. PHYS.	MED. DIRECTO	OR PHY	rs.	1 5	717	1/6	7
d de ge	-31		22c. PHYSICIAN'	S		· ·		22d. ADDRESS				/	/	-	
may be retained  RAL DIRECTOR: A  page 3 shauld  be filed with the	1		NAME (Type	Donald W.	Mitche	e11/M. D		1746	8 5	TNU	1	WAS	K	De	
4 H D D	0	220	BURIAL, CREMATI			23c, NAME OF C		CPEMATORY	234	INCATION (C	ity or To	wn)	(County)	, (0	tote)
Page O FUN direct shaul	1)	1	REMOVAL (Specif		-1967		111	L CEM	230	LOCATION (CI	JD .	MAR	YLA	ND "	10101
5 5 5 v	THI				- 101	ADDRESS	111-		REC'D BY REC	CICTDAD	25h DE	GISTRAR'S	SIGNATUE	E	
VR A15 (4)	14	24	FUNERAL DIRECT	2/		1) ADDKESS	1 2	1 / 250.	KELD BY KEL			GISTRAK S	MAIUK		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G389 CFDTIEICATE OF DEATH

07111

F		-1.5		CERTIFICA	IE OF DEATH			O.	TT		
	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed	l lived, if institu	tian: Reside	nce before	odmissiai	n)
	o. COUNTY Pr	ince Georg	e's	MARYLAND	o. STATE Mary 1	and	b. (OL	Prin	ce G	eorge	1 5
	b. CITY OR TOWN	(If autside carparate lin	mits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, write RL	JRAL ond gi	ve neorest	town)	
	Ch	everly		2 days	Hills	ide			16	/	
	d. NAME OF HOSPI	TAL OR INSTITUTION (II	not in hospitol,	give street oddress)	d. STREET ADDRESS				е	. IS RESID	ENC
	Prince	George's	General	Hospital	1139	49th Av	enue		Y		NO
	NAME OF DECEASED		First	Middle	Lost	4. DATE OF	Mor	nth	Day	Yea	r
	(Type or print)		John	Alvin	Long	DEATH	May		19	19 €	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years last birthday)	Months	R 1 YEAR Doys	Hours Hours	24 F
	Male	White	WIDOWED		Dec. 10,1		50 yrs.				
10o	o. USUAL OCCUPATIO	N (Give kind of work do hite, even if retired) Fainter	ne 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Coun	,	gn country)		OUNTRY?		
_		Painter'		NDUSTRY Fainter	Virg					U.	S.
13.	FATHER'S NAME				14. MOTHER'S MAIDE						
			L. Long			ie P. Wa					
15.	. WAS DECEASED EV es, na, pr.unknown)	ER IN U.S. ARMED FORCE (If yes give wor prodote	S? 16 es of service)	. SOCIAL SECURITY NO.	7. INFORMANT John M. Lon	~ 1120	Add		H411a	ido	M
					dottii ii. Doi:	5 1130	Z	3 V.C. 1			1.10
	IB. CAUSE OF I	DEATH (Enter only one ATH WAS CAUSED BY:								RVAL BETV ET AND DI	
	PART I. DO	IMMEDIATE CAU	Acu	te hantenial d			7		0113	EI MIND DI	
		- Indicontic cho			endocarditis		valve				
	4300	) D	UE TO Wit	h perforation	of aortic c	usp.					
	Canditions, if on	y, which gove	UE TO Wit		of aortic c	usp.					
	rise to immedia stating the und	y, which gove te cause (a),	UE TO Wit	h perforation	of aortic c	usp.					
	rise to immedia stating the und last.	y, which gove te cause (a), erlying couse	UE TO Wit Bil	h perforation ateral bronch:	of aortic c ial pneumoni	usp. a, seve	re.				EATI
NO	rise to immedia stating the und last.	y, which gove te cause (a), erlying couse	UE TO Wit Bil	h perforation	of aortic c ial pneumoni	usp. a, seve	re.		19.	WAS AUTO	PSY
ICATION	rise to immedia stating the und last. PART II. OTHER S	y, which gove te cause (a), erlying couse	(b) Bil UE TO (c) S CONTRIBUTING	h perforation ateral bronch:	of aortic cial pneumoni	usp. a, seve:	IN PART 1(o)			PERFORME	PSY
RTIFICATION	rise to immedia stating the und last.  PART II. OTHER S	y, which gove te cause (a), erlying couse	(b) Bil UE TO (c) S CONTRIBUTING	h perforation ateral bronch:	of aortic cial pneumoni	usp. a, seve:	IN PART 1(o)			PERFORME	PSY D?
AL CERTIFICATION	rise to immedic stating the und lost.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)	y, which gove to cause (a), erlying couse DIGNIFICANT CONDITION  AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	UE TO WIT (b) BIL UE TO (c) S CONTRIBUTING	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRI	of aortic cial pneumoni  TO THE TERMINAL DISEASE C	usp. a, seve	IN PART I(o)		YE	PERFORME	DPSYPD?
	rise to immedic stating the und lost.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)	y, which gove the cause (a), erlying couse SIGNIFICANT CONDITION  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER COUNTY MONTH, Doy, Yeorum.	UE TO WIT (b) Bil UE TO (c) S CONTRIBUTING 20b. t	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED 20e.	of aortic cial pneumoni	usp. a, seve: ONDITION GIVEN  n Port I or Port	IN PART 1(o)	(0		PERFORME	EATI
MEDICAL CERTIFICATION	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Hour o	y, which gove to cause (a), erlying couse Condition  AS UNDERLYING CONDITION  AS UNDERLYING COND	UE TO WIT:  (b) Bil  UE TO  (c)	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRING TO MOTE WHILE BUT NOT WELL THE DESCRIBE HOW INJURY OCCURRING TO MOTE WHILE BUT NOT WHILE BUT NOT WORK TO STATE OF WORK TOW	of aortic c ial pneumoni  TO THE TERMINAL DISEASE ( ED. (Enter nature of injury in the property of the propert	usp. a, seve: ONDITION GIVEN  n Port I or Port  orm, 20f.	IN PART I(o) If of item IB.) (City or town)		YE aunty)	PERFORME S 1	EAT  OPS) OPS) OPS) OPS OPS OPS OPS OPS OPS OPS OPS OPS OPS
	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Haur' o p  21. I cert	AS UNDERLYING COURSE  AS UNDERLYING COURSE	UE TO WIT:  (b) Bil  UE TO  (c)	TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED Le of Work of	of aortic c ial pneumoni  TO THE TERMINAL DISEASE ( ED. (Enter nature of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., e May 17	ONDITION GIVEN  orm, 20f.  1967, ta	IN PART I(o) If of item IB.) (City or town)  May 19	9 , 19	ounty)	PERFORME S (S	PSYONO Stote
	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTIN. (IF EITHER, NOTIF)  20c. TIME OF IN Haur o P  21. I cert saw the co	y, which gove the cause (a), erlying couse of the couse of the couse of the coupling of the co	UE TO WIT:  (b) Bil  UE TO  (c)	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRING TO MOTE WHILE BUT NOT WELL THE DESCRIBE HOW INJURY OCCURRING TO MOTE WHILE BUT NOT WHILE BUT NOT WORK TO STATE OF WORK TOW	of aortic c ial pneumoni  TO THE TERMINAL DISEASE ( ED. (Enter nature of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., e May 17	ONDITION GIVEN  orm, 20f. tc.) 20f. 19.67, ta	IN PART I(o) If of item IB.) (City or town)  May 19	, 19 and an	ounty)  67, the	(Sat (I) (ve stated	EAT  OPS) OPS) NO  Stot
	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Haur' o p  21. I cert	y, which gove the cause (a), erlying couse of the cause (b), erlying couse of the cause of the cause of the cause of the cause of DEATH of the cause	UE TO WIT:  (b) Bil  UE TO  (c)	TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED Le of Work of	of aortic c ial pneumoni  TO THE TERMINAL DISEASE ( ED. (Enter nature of injury)  PLACE OF INJURY (Home, fo foctory, street, office bldg., e  May 17 hat death accurred of	ONDITION GIVEN  orm, 20f. tc.) 20f. tg. 4:05 M,	IN PART I(o)  If of item 1B.)  (City or tawn)  May 19  fram causes	and an	ounty)  67, the date DATE SIGNE	(S)	PPSYPD? NO
	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTIN. (IF EITHER, NOTIF)  20c. TIME OF IN Hour o P  21. I cert saw the c  22a. SIGNATURE	y, which gove the cause (a), erlying couse (b).  GIGNIFICANT CONDITION  AS UNDERLYING  G  G  G  G  G  G  G  G  G  G  G  G  G	UE TO WIT:  (b) Bil  UE TO  (c)	TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED Le of Work of	of aortic c ial pneumoni  TO THE TERMINAL DISEASE ( ED. (Enter nature of injury)  PLACE OF INJURY (Home, for foctory, street, office bldg., e  May 17 hat death accurred ( M.D. ATTENDING PHYS.	ONDITION GIVEN  orm, 20f. tc.) 20f. tt.) 4:05 M,  MED. PM DIRECTOR [	IN PART 1(o)  If of item 1B.)  (City or tawn)  May 19  fram causes  STAFF PHYS.	and an 22b. I	aunty)  67, the date DATE SIGNEY 20,	(S)  (S)  (S)  (S)  (S)  (S)  (S)  (S)	PS) PS) PS) PS) PS) PS) PS) PS) PS) PS)
	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF IMMEDIAN HOUR TO P  21. I cert saw the c  220. SIGNATURE	AS UNDERLYING A CONDITION  AS UNDERLYING A CONDI	UE TO WIT  (b) Bil  UE TO  (c)  S CONTRIBUTING  20b. to  Whit otwo cospital) after  May 19	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED le Not While of work of	of aortic c ial pneumoni  TO THE TERMINAL DISEASE (  ED. (Enter nature of injury)  PLACE OF INJURY (Home, fo foctory, street, office bldg., e)  May 17  hat death accurred (  M.D. ATTENDING PHYS. 22d. ADDRESS P	ONDITION GIVEN  ONDITION GIVEN  OFF, 20f.  19 67, to  14:05 M,  MED. PM  DIRECTOR E	IN PART I(o)  If of item 1B.)  (City or town)  May 19  from causes  STAFF PHYS.  Peorge's	ond on 22b. ( May	aunty)  67, the date DATE SIGNEY 20,	(S)  (S)  (S)  (S)  (S)  (S)  (S)  (S)	PPSYMO PSYMO
MEDICAL	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF IN. Hour o p  21. I cert saw the c  22a. SIGNATURE	AS UNDERLYING COUSE  AS UNDERL	UE TO WIT.  (b) Bil  UE TO  (c) S CONTRIBUTING  20b. to  (s) S CONTRIBUTING  And A CONTRIBUTING  20b. to  And A CONTRIBUTING  Property of we will be a contributed by a contribu	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED le of work of work 1967, and to 1967, and to 1967.	of aortic c ial pneumoni  TO THE TERMINAL DISEASE OF ED. (Enter nature of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., e  May 17 hat death accurred of M.D. ATTENDING PHYS.   22d. ADDRESS P C	onDition GIVEN  on Port I or Port  orm, 20f.  tc.) 20f.  tc.) PM  DIRECTOR C  rince Ge  heverly	IN PART I(o)  If of item 1B.)  (City or town)  May 19  fram causes  STAFF PHYS. [ eorge's Many1.	and on 22b. Mar Gene:	67, the date SIGNER y 20, ral H	(S)  (S)  (S)  (S)  (S)  (S)  (S)  (S)	PPSYPOPSY NO Stote
MEDICAL	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTIN. (IF EITHER, NOTIF)  201. I cert saw the c  220. SIGNATURE  221. PHYSICIAN' NAME (Typ)	AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AS UNDERLYING COUSE  AND COUSE  AS UNDERLYING COUSE	UE TO WIT (b) Bil UE TO (c) 20b. to 20d. whi of we aspital) after May 19  Jensen THEREOF	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED le Not While on twork 1967, and to 1967, and to 23c. NAME OF CEMETERY	of aortic c ial pneumoni  TO THE TERMINAL DISEASE OF ED. (Enter nature of injury of PLACE OF INJURY (Home, for foctory, street, office bidg., e  May 17 hat death accurred of M.D. ATTENDING PHYS. 22d. ADDRESS P COR CREMATORY	onDition GIVEN  n Port I or Port  orm, 20f. tc.)  19 67, to 14:05 M, MED.PM DIRECTOR E  rince Ge heverly  23d. LOCG	IN PART I(o)  Il of item IB.)  (City or tawn)  May 19  fram causes  STAFF PHYS. [ PHYS. [ PORT   PHYS. [ PHYS]   PHYS   TION (City or I	and on 22b. (May Gene:	67, the date DATE SIGNE Y 20, ral F	(S)  (S)  (S)  (S)  (S)  (S)  (S)	PPSYPED? NO
MEDICAL	rise to immedia stating the und last.  PART II. OTHER S  200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF IN. Hour o p  21. I cert saw the c  22a. SIGNATURE	y, which gove the cause (a), erlying couse (b), erlying couse (c), erlying couse (d), erl	UE TO WITE  (b) Bil  UE TO  (c)	h perforation ateral bronch:  TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCURRED le Not While on twork 1967, and to 1967, and to 23c. NAME OF CEMETERY	of aortic c ial pneumoni  TO THE TERMINAL DISEASE OF ED. (Enter nature of injury)  PLACE OF INJURY (Home, for foctory, street, office bldg., e  May 17 hat death accurred of the	onDition GIVEN  n Port I or Port  orm, 20f.  tc.)  19 67, ta  ot 4:05 M,  MED.PM  DIRECTOR E  rince Ge  heverly  23d. LOC.  Sti:	IN PART I(o)  If of item IB.)  (City or town)  May 19  fram causes  STAFF PHYS.  Corge's Mary1.  ATION (City or I	and on 22b. (May Gene:	67, the date DATE SIGNE Y 20, ral F	(S)  (S)  (S)  (S)  (S)  (S)  (S)	EAT  OPS) OPS) NO  Stot  ve) ot

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FINERAL DIRECTOR. After this certificate has been closed by the attending physician and completely filled in by the fineral

VR A15 (4) 25M 1/67

Leines Carry's Prince Carry's Prince Carry's

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1133 Peth County

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Leteral Dronghild Councils, savate.

Engle . Heavens N.D.

## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07112

Georges,

DALAY 2 9 191

1967

FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Deportment of Diseases and principles of the state of th the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm in pencil in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MEDICAL EXAMINER:

Health prior ta burial, crematian, or remaval, and in any event within 72 hours after death 5 may be retained far yaur

	136 1	£									1	
	PLACE OF DEATH				2.	USUAL RESIDENCE	Where deceased			ce befar	e admissio	2n)
	a. COUNTY	ce George !s	2	MARYLA	AND I	o. STATE Marvland		Princ		reel	re re	
	b. CITY OR TOWN (	If autside carparate limit	s,	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (If a						
	Chever	d give nearest tawn)		DOA		District	Hei ght		1	10 . 1	/	
-		AL OR INSTITUTION (If n	at in haspital,		d.	STREET ADDRESS	THETEH	7.5			e. IS RESID	
	D	0	7 11.			7675 0-1	D7				ON A FA	NO be
3	NAME OF	George Gene	ist	DSDITAL		7615 Gat	4. DATE	Mant	h	Day		
-	DECEASED						OF	MOIII	11	/		
	(Type or print) SEX	Mami		J.		Mack ATE OF BIRTH	DEATH	AGE (In years	I IF UNDER	23	I IF UNDER	67
٥.	3EX	6. COLOR OR RACE	7. MARRIED					last birthday)	Months	Days	Haurs	Min.
	Female	White	WIDOWED	*		Vov. 1890		76 yrs.				
	i. USUAL OCCUPATION ing most af warking	(Give kind af work dane		KIND OF BUSINESS OR NDUSTRY	1	1. BIRTHPLACE (State	e ar tareign cau	ntry)		TIZEN OF		
	Housew	ife				Washingt		C			USA	À
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME					
	Thaddu	es Alsop				Catherin	e Frank	<				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	. SOCIAL SECURITY NO.	17. INFO	RMANT		Addre	SS			
(16	No	(If yes give war ar dates	al zetaice)		Haro	ld V. Mac	k Se	ame As	2			
		EATH (Enter anly ane ca	use per line fo	er (a), (b), and (c).)							ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	(a) Hear	t failure							SET AND D	
	4431			ertensive ar	Farins	clerotic	heart.	di sease		1	r 8 3	
	Canditians, if any	, which gave )	(b)	or ochorve ar	COLIC	CTCI OCTC	110012 0	420000		D V C.	. 0 3	1200
	rise to immediat		(-/									
	stating the unde	rlying cause	(c)									
		CHIEICANT CONDITIONS		TO DEATH BUT NOT RELAT	ED TO THE 1	EDMINAL DISEASE CO	NIDITION CIVEN	IN PAPT I(a)		19	WAS AUTO	OPSV
S						EKMINAL DISEASE CO	INDITION GIVEN	IN PART T(U)			PERFORM	ED?
R				ver 5 years.						У	ES _	NO K
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ ar CO		20b. L	DESCRIBE HOW INJURY OCC	UKKED. (Ente	r nature at injury in	Part I ar Part I	II at item IB.)				
N CE	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJI Haur a.r	URY Manth, Day, Year	20d. Whil			F INJURY (Hame, fari treet, affice bldg., etc		(City ar tawn)	(Ca	unty)	(	State)
W	p.r		at wo		ractary, .	incor, arrice blag., ere	'/					
	21. I certif	y that I took chorg	e of the re	moins described obo	ve, held o	in Autopsy ,	Inspectio	n 🔀 , Inqu	iry 🕵 ,	ond	l in my	opinio
	deoth resul	ted from: Notur	al couses [	Accident .	Suicide	, Homicide	Une Une	determined m	onner	]		
		0 //	W			CHIEF MEDICAL	L EXAMINER					
	ACTUAL SIGNATURE	Hotes	11,	17	M	D. ASSISTANT ME	DICAL EXAMINER	R		2	22. DATE	SIGNED
	EXAMINER'S	10	1				CAL EXAMINER	50				
		ohn Kehoe.	M.D.	Riverdale,	Md.	Address (Stree	et, city, tawn, a	r county)		I	5-24-	-67
22.	DIIDIAL CDCMATIC	ON TOOL DATE TO	ILDEVE	T 92. NAME OF COMET	DV OD CDCA	IATODY	224 100	ATION (City or To	)	1Countri		latas

Cedar Hill Cemetery

Home

VR A15ME 6M 1/67

5/26/67

24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Ho 4308 Suitland Road, Suitland, Maryland

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

with the State Department of 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

VR A15ME (5)

Health prior to buriol, cremation, or removal, and in any event within 72 hours aft

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07112

07132	MEDICAL EXAMINER S	CERTIFICATE	T DEATH	0.110
1. PLACE OF DEATH			Where deceosed lived, if institution	
o. (OUNTY Prince George's	MARYLAND	o. STATE Maryland	b. COUN	ice George's
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		itside corporote limits, write RUR	
write RURAL and give nearest town)				12 /
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	DOA	Upper Mar	tboro	e. IS RESIDENCE
G. NAME OF HOSPITAL OR INSTITUTION (IT HOT IN NO	spirol, give street oddress)			ON A FARM?
Prince George General I	Hospital	1688 West	halia Rd.	YES NO L
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Marion		Madsen	DEATH 5	29 19 67
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
Female White WID	OWED DIVORCED	3-5-1896	lost birthdoy)	Months Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	1 4	12. CITIZEN OF WHAT
uring most of working life, even if retired) Housewife	INDUSTRY	Czechos1o		COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN		USA
Unknown		Unkn		
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	
Yes, no, or unknown) (If yes give wor or dotes of service NO	Cr	ist L. Madse	n Same As # 2	
18. CAUSE OF DEATH (Enter only one couse per	line for (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Heart failure			ONSET AND DEATH
	Arteriosclerotic	heart diseas	se	unknown
Conditions, if ony, which gove ) (b)	T ACT TABATET ANTO	TOGIO GIBGOS		WILLIAM I
rise to immediate couse (o), (				
stoting the underlying couse (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE OF	NOTION CIVEN IN DADT 1(a)	19. WAS AUTOPSY
PAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	NUMBER IN PART I(0)	PERFORMED?
5				YES NO 2
20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		ACE OF INJURY (Home, fare	n, 20f. (City or town)	(County) (State)
Hour o.m.	While Not While of work	ctary, street, office bldg., etc.	)	
21. I certify that I took charge of t		reld an Autansy	Inspection 🖈 Inqu	iry 🔀, and in my opinio
		icide , Hamicide		
death lesured fram: Matural caus	Accident 50			anner
ACTUAL	Molos	CHIEF MEDICAL	DICAL EXAMINER	22. DATE SIGNED
SIGNATURE CARRY	11-4	IVI. U.	-	
EXAMINER'S	Director M		AL EXAMINER [X]	5-31-67
NAME (Type) John/Kehoe, M.I	Riverdale, M		t, city, town, or county)	
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tow	
Burial (Specify) 6/1/67	Washington N			ges, Maryland
24. FUNERAL DIRECTOR Robert E. Wil	helm Funeral Home	2So. REC		GISTRAR'S SIGNATURE
4308 Suitland Road, Sui		DATEJU	N 5 1967 80	lisales Judge

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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by the funeral	s. Pogest and 2	hours offer abouth.
R: After this certificate has been signed by the ottending physician and completely filled in by the funeral	ove carbon paper	y event within 72
physician and	nen please rem	oval, ond in on
the ottending	Isit permit. It	mation, or rem
een signed by	the buriol-trar	r to buriol, cre
ertificate has b	ned for use os	t. of Health prio
R: After this	uld be detact	the State Dep

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of the defath.

VR A15 (4) 25M 1/67

	07134			CERTIF	FICATE	OF	DEATH			07	11	1	
	PLACE OF DEATH o. COUNTY	9		MAR	YLAND	0.	JAL RESIDENCE (Whe		b. COUN	TY			on)
		If outside corporate limit d give nearest tawn)	's,	c. LENGTH OF STAY		c. CIT	aryland OR TOWN (If outside		s, write RUR	Al and give	nedres	tawn)	
-	heverly	AL OR INSTITUTION (If n	at in haspital,	give street address)		d. STF	emple Hill		1		160	e. IS RESID ON A FA	DENCE ARM?
	rince Ge	orges Gene	ral Ho	spital Middle		45	29 Temple	DATE	(o ad Month	1	Doy		NO 🗌
	DECEASED (Type ar print)	Sam	ue1	ALFR	ED M	arqu		OF DEATH	May		4.	196	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	. DATE	OF 8IRTH	9. AGE (	In years pirthdoy)	IF UNDER 1	YEAR Days	IF UNDER Hours	24 HRS. Min.
_	lale	White	WIDOWED	DIVORCE	D 🔲		ch 15, 190	7 60	Yrs.				Athit.
10o dur	. USUAL OCCUPATION ing most of working CONTRAC	N (Give kind of wark done life, even if retired) TOR		KIND OF BUSINESS OR INDUSTRY ONSTRUCTION	N		RTHPLACE (County & St		untry)		IZEN OF JNTRY?		
13.	FATHER'S NAME SAMUEL	A. MARQUIS				14. M	OTHER'S MAIDEN NAM BERTHA L						
		R IN U.S. ARMED FORCES? (If yes give war ar dates		. SOCIAL SECURITY NO.		NFORM.	1	UIS SAM	Addres				
	Conditions, if ony rise to immediat stoting the under last.	, which gove ) te cause (a), (	(a) TO (b) TO (c)	por	tal	· ·	Pirhoris						
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERM	AINAL DISEASE CONDIT	TION GIVEN IN PA	ART 1(a)			WAS AUTO PERFORMI SXXXX	ED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. I	DESCRIBE HOW INJURY O	OCCURRED. (	Enter no	oture af injury in Port	t I or Port II of i	tem 18.)				
MEDICAL	20c. TIME OF INJ Haur'a.	10	20d. Whi				JURY (Hame, farm, et, office bldg., etc.)	20f. (City	or town)	(Cou	inty)	(	Stote)
	saw the d	fy that (this hose ceased alive an_	pital) atte May 4	nded the deceosed	fram_At	deatl	25 , 196 accurred at <b>1</b> 2	7 , to Ma :15M, from	y 4 1 causes c	and on th	ne date	e stated	we) las l abov
	22o. SIGNATURE	Ederin	Jose	wen	M.D	. PHY	rs. 🔼 DIF		TAFF PHYS.	22b. DA		1967	7
	22c. PHYSICIAN'S NAME (Type	1	Jensen	, M. D.			d. ADDRESS rince Geor	ges Gen	eral	Hospi	tal		
15%	BURIAL, CREMATI	5/8/6	57	23c. NAME OF CEN				23d. LOCATION PARKERS			(Caunty)		tate)
24	I. FUNERAL DIRECTO	ROBERT E.	WILHE	LM FUNERAL	HOME		2So. REC'D B'	Y REGISTRAR	2Sb. REG	GISTRAR'S SI	GNATUR	E .	
	4308 SUI	TLAND ROAD	SUIT	LAND, MARY	LAND		DYAFLE	1001	1	TO	O XX	1	

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# 24 hours after

The law requires that the death certificate be executed within attending physician. It is been signed by the attending physician and completely the burial-transit permit. Then please remove carbon papers. Pagas cremation, or removal, and in any event, within 72 hours after the page of the property of TO HOSPITAL OR ATTENDING PHYSICIAN:

death. Page 4 retained by the hospital or a TO FUNERAL D. TOR: After this certificate ha diedor, page 3 should be delached for use as the kind with the cree Dear of Hallh price to builty.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07125 AMR ST

04133				0/115		
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dece				tion: Residence before edmission)		
Prince Georges	MARYLAND	a. STATE b. COUNTY				
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b	Maryland Prince Georges c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)				
write RURAL and give nearest town)	C. LENGTH OF STAT IN ID	c. CITY OR TOWN (IF our	side corporete limits, write KUKA	AL and give neerest town)		
Cheverly	13 days	Laure1		16.1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?		
Prince Georges General Hos	219-D RFD #	2	YES NO			
3. NAME OF First DECEASED John	Middle		DATE Month	Day Yeer		
(Type or print)	F. F.		DEATH MONEY	232 192967		
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	1 11111	IDER 1 YEAR   IF UNDER 24 HRS.		
Male White WIDOWE	DIVORCED	7/29/22	last birthday) Mont	ths Deys Hours Min.		
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y   11. BUTHPLACE (County &	Stete, or foreign country)   12	. CITIZEN OF WHAT COUNTRY?		
Ingineer mechanical	relfendels	yel 11;		115A		
13. FATHED'S NAME	0	14. MOTHER'S MAIDEN NAM	AE .	0 3/		
19 many 1 MI	2226	Wolf Pio	Daniel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. 1	NFORMANT	Address			
(Yes, no, or unkown) (Ifyes give wer or dates of service)	1	ith Ma	rela de	hare		
18 CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), end (c),	and the	Care CC	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: Castro-intestinal Hemorphese coordary to						
IMMEDIATE CAUSE (e) CHASCIO-III COSCIITAT INCIROTITAGE SECORDALY CO						
5810 DUE TO runtured esophargeal varices.						
Conditions, if any, which (b) Hepat	ic insufficien	cy, secondary	to			
DUE TO a sea a						
cause lest. billiary cirrhosis						
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN	PART 1(e)   19. WAS AUTOPSY		
<u>-</u>				PERFORMED?		
3				YES NO		
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I	or Part II of item 1B.)			
2		CE OF INJURY (Home, ferm, 2	20f. (City or town)	(County) (Stete)		
Hour e.m. While et work	1401 1111110	ory, shoot, office brage, etc.)	0 -1	1 =7		
	ded the deceased from	5/9 196	10 3/2-2	19 (that (I) ( last		
saw the deceased alive on 4/2/2	19.6 , and that		5 3	on the date stated above.		
22e. SIGNATURE	and mar	dealth occured at	a, from the causes and	22b. DATE		
frommen ()	Juness "	D. PHYS. MED.	TOR PHYS.	5/7 2 SIGNED		
22c. PHYSICIAN'S	-/1	22d. ADDRESS		-11-17		
NAME (Type) On man	· ( omen	4 3503/2	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 pres mo		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	230 NAME OF SEMETERY	OR CREMATORY 23	3d. LOCATION (City, town or	county) (State)		
REMOVAL (Specify)	1. I here	alm (	Calmank	ana Mid.		
24 EUNERAL PIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D B	Y REGISTRAR 256. REGISTRA	AR'S SIGNATURE		
MANNERS OF THE TOP	Krain Li	DATMAY	20 1002 000			
AND A CALLANT MAN	April ca A	(	29 1967 PCL	meta. Victor		

January . I vestime as secretary of the land of the season of THE CHARLES OF STREET saying through the force and burney to 

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF	DEATH
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04130	CERTIFICAT	E OI DEATH		
1. PLACE OF DEATH o. COUNTY Pr. George	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	b. COUNTY	esidence before admission)  Pre Gev 1-9ev.
b. CITY OR TOWN (If outside corporate limits, write RUPA) and give nearest town?	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside	corporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 493- Pow dev	idress) 7/11 Rd	d. STREET ADDRESS 4972 Pho	der Mill R	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print) Dallas Jame	5 Marval	Lost 4. D/ OI DE	ATE Month FEATH May	29 1967
5. SEX 6. COLOR OR RACE 7. MARRIE White WIDOWED	DE THEFEN MANAGED	angl, 1890	1 1 1 1 1	NDER 1 YEAR IF UNDER 24 HRS.  nths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)  Decarage	2 / /	Maryl	ign country) 1:	2. CITIZEN OF WHAT COUNTRY?
James F Marvel			le-Beach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, ng, or, unknown) (If yes, give war or lates of service)		Mrs Grace	Mav. Vol	(Wife) Same as above
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).] Me/	itus		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)				
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>   Output   Due to course   Due to cou				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN II	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PART NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ribe how injury occurred N/A	. (Enter noture of injury in Port I c	or Port II of item 18.)	
Hour o. m. While		CE OF INJURY (Home, form, 20f.	. (City or town)	(County) (Stote)
21. I certify that (I) (this haspital) attende	d the deceased fram	1967	to 5/39	1962, that (1) (we) last

I, and that death accurred at 24 M, from the causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED MED. DIRECTOR

22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Robert S. McCeney, M.D.

ROBERT S. McCENEY, M. D. 402 MAIN ST.

----- LAHREL MARYLAND 20810

(Stote)

OMBON

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Cemetery

Delaware 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLANDAY

VR A15 (4) 15M 9/59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

A CONTRACT OF THE STREET OF THE STREET grant in the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death and campletely filled in by the funeral ove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY papers. Page. 72 hours after of MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) was its will wo ... Hyattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) within 72 YES NO 1 Middle DATE 3. NAME OF Month Year Lost DECEASED PrCay 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTHO S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED physician and campen please remove lost birthdoy) Months Hours WIDOWED DIVORCED remale 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) law requires that the death certificate be during most of working life, even if retired) COUNTRY? Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, Lary Lurke Patrick O' Connon WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Collins 322 H St 11.5. b crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. Conditions, if ony, which gove rise to immediate couse (o), DUE TO ed for use as the L af Health prior to b stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While be de State ( ot work ot work 21. I certify that (1) (this haspital) attended the deceased from , page 3 shauld be filed with the 1967, and that death occurred at 5 M, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington natl 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR Son Funeral VR A15 (4) 20 M 1/66

WE ---

CERTIFICATION

07138 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTYo. STATE b. COUNTY Prince George MARYLAND b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) WITTAN Oxon Hill e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO 5 Border Drive NAME OF Middle 4. DATE Month Year Last , Dov DECEASED JOSE 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Haurs DIVORCED WIDOWED White Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Washington, D.C.
14. MOTHER'S MAIDEN NAME Frame Fitter 13. FATHER'S NAME Angelo Massino Catherine Columbia 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. Frank A. Tubia-nephew Same as #2 INTERVAL BETWEEN ONSEL AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work 21. I certify, that (I) (this haspited) attended the deceased from. and that death occurred of 936 M, from couses and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF V PHYS DIRECTOR PHYS. 22d. ADDRESS PHY8ICIAN'S 22c. NAME (Type) 23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mary's Cemetery Washington 5-6-67 Buria ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home 300 4th St. N. E. Wash. D. d pateMAY

VR A15 (4) 20 M 1/66 1-1-1-6 A second payents

Caroner Talifies

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07133 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside 1. PLACE OF DEATH attending physician and completely filled in by the funeral permit. Then please remaye carbon papers. Pages I and o. COUNTY o. STATE b. COUNTY Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Riverdale bon papers. within 72 ha d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1808 Benning Rd., N.E. YES NO X Eugene Leland Memorial Hospital 4 DATE 3. NAME OF Year DECEASED (Type or print) 19 67 n any event, Matthews DEATH George IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED La Jost birthdoy) Months Hours 1-1-22 Male Negro WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) .= during most of working life, even if retired)
Clerk ar remaval, and Maryland Govt. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Jackson Bernard Matthews 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Sister and Medical Records crematian, INTERVAL BETWEEN signed by the c burial-transit po burial, crematia 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ATTENDING PHYSICIAN: The CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram 5-6-67 , ta\_5-18-67 , and that death accurred at  $8^{25}$  AM, fram causes and an the date stated above 196 saw the deceased alive an [] 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may 1 NAME (Type) 4404 Queensbury Rd. Riverdale, Md. Houmann 23o. BURIAL, CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) CARVER MEMORIAL LAUREL. PRINCE G. 5/22/67 PARK BURTAL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Miarten VR A15 (4) 25M 1/67

CARREST END THE PART CARRY WINCE CO. 10

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07160 urs after death. filled in by the funeral papers, Pages 1 and

CERTIFICATE OF DEATH

07120

001	70					
1. PLACE OF DEAT	H			Where deceased lived, if instit		re admission)
o. COUNTY PG.	River	dale MARYLAND	a. STATE		UNTY	/
	(If autside carparate limits,	C LENGTH OF STAY IN 1b	Washingt	on L utside carparate limits, write R	HDAL and aive page	et tours!
write RURAL	and give nearest town)	C. CENGIN OF STAT IN 10	C. CITI OK IOWN (II de	diside carparate littilis, write i	OKAL did give liedie	SI IOWII)
Riverda		lDay.	Washingt	on.	47.3	
d, NAME OF HOS Eugene	PITAL OR INSTITUTION (If not in hose Leland Hospital	ital, give street address)	d. STREET ADDRESS 20-11E11S	treet NeW,	Dodge Hot	e. IS RESIDENCE E DN A FARM? YES NO 23
3. NAME OF	First	Middle	Last	4. DATE Mo	anth Da	y Year
DECEASED (Type or print)	Edward	Н	McCrahon.	OF DEATH	May 2	19 67
Male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 3-11-91	9. AGE (In years last birthdoy) 70 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPAT	10N (Give kind of work done Dept.)	Db. KIND OF BUSINESS OR INDUSTRY		& State, ar foreign country)	12. CITIZEN O COUNTRY	?
Retired	from DC. Govern	ent.	New-Y		Ame	r.
13. PATHER 3 NAME	ler McCrahon		14. MOTHER'S MAIDEN	Mary Hugh	.es	
Yes, notice ASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 579 03 1862	informant igene Lelan	d Hospital,	dress 4408 Quee	nsbury Rd
IR CAUSE OF	DEATH (Enter anly ane cause per lin	e for (a) (b) and (c))			1 1N	TERVAL BETWEEN
	EATH WAS CAUSED BY:	VENTRICULA	B TACHU	CARDIA & F	-1 BR. O	NSET AND DEATH
110	IMMEDIATE CAUSE (a)		1- 0   0017	0,1,00,71	0/	NE DAY
42	DUE TO	141/000000	11/5-01		17- 11:	
		MYOCARDIA	· IN LATE	-1107 ACV	10 01	vs wsex
	iate cause (a),					
last.	derlying cause (c)					
			THE TERMINAL DISCUST CO.	NOTION ONES IN DIRECT	110	MAC AUTODOV
NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA	SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTITION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING ☐ 20 NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture af injury in	Part I ar Part II of item 18.)		
20c. TIME OF I	a.m.		ACE OF INJURY (Hame, farn ctary, street, office bldg., etc.		(Caunty)	(Stote)
21. I cer	rtify that (I) (this haspital) a deceased alive an	ttended the deceased fram	2 MAY , 1	9 67, ta 2 4	s and an the da	hat (I) (we) last
22g. SIGNATUI					22b. DATE SIGI	
	(.) How	MED. STAFF PHYS.	0 2 MA	The second		
22c. PHYSICIA NAME (Ty		MANN DR. KEI	22d. ADDRESS	RIVERDALE	MD.	
23a. BURIAL, CREMA BUREMOVALI(Spec	(TION, 23b. DATE THEREOF 5/8/67	23c. NAME OF CEMETERY OF Alexanderi		23d. LOCATION (City or Alexander		
					Id	Va.
24. FUNERAL DIREC		ADDRESS		D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATU	Gudge
	Gasch's Sons			1007	Milarles	Just

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carboth director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbol shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, w Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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07141

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by mestingeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon popers. Pages 1-and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Poge 4 may be retained by the hospital or attending physician.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed—within 24 hours af

CERTIFICATE OF DEATH

07121

003	**								*	
PLACE OF DE     G. COUNTY	ATH			2. USUAL RESIDENCE	(Where deceosed			nce befor	re odmissio	in) /
a. COUNTY	Prince G	eorges	MARYLAN	O. STATE		b. CO	UNIY			
b. CITY OR TO	WN (If outside corporate lim		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote	limits, write R	URAL ond giv	ve neore:	st town)	
Write KUK	L and give nearest town) enn Dale (ru	ral)	9 mo	Washingto	on, D. C			4	7 3	
d. NAME OF H	OSPITAL OR INSTITUTION (IF	not in hospitol,	give street oddress)	d. STREET ADDRESS					e IS RESIL	DENCE
Glenn I	ale Hospital			x 637 1	D St., \$	E.			ON A F	NO X
3. NAME OF		First	Middle	Lost	4. DATE		nth	Doy	Yeo	ar .
(Type or print	Ger	ald	J.	McDonough	OF DEATH		May	25.	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	To /	AGE (In yeors	IF UNDER		IF UNDER	_
ric .	W	WIDOWED	DIVORCED [2	8/28/190	5 61	lost birthdoy)	Months	Doys	Hours	Min.
	ATION (Give kind of work dor	e 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Count	y & Stote, or foreig		12. C	ITIZEN O	F WHAT	
during most of wo	rking life, even if retired)	rui	CIND OF BUSINESS OR HELERAY	Pa.			((	UNTRY	A	
13. FATHER'S NA			at the table	14. MOTHER'S MAIDEN	NAME					
Thomas	McDonough			Bertha l	Elbrecht					
IS. WAS DECEASE	D EVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. INFORMANT	21010011		dress			
(Yes, no, or unkno	wn) (If yes give wor or dote		577-12-6787	de	cedent					
	OF DEATH (Enter only one of			ac.	CCGCMC			I INT	ERVAL BET	WEEN
PART I	DEATH WAS CALISED DV			ntestinal hem	orrhage			04	SET AND D	EATH
15	71 4	JE TO	SIVE BUSCIOI	icescriter nem	orrinage			1	0 1112	
Conditions,	fony, which gove		rhosis of th	e liver with	dundenal	ulcar	hae n			
	ediate couse (a), DI	JE TO CSO	phageal vari	ces	davdena,	a i c c i	L	2	mon	ths
last.	underlying toose	(c)								,
PART II. QTH	ER SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED	TO THE JERMINAL DISEASE	ONDITION GIVEN	IN PART 1(a)	Chroni	C 19.	WAS AUTO	PSY
alcon	olism with c	ironic i	orain syndroi	me and periph er aorta, abdo	erai nat	ropati	iy;ost	-0-	PERFORM ES X	ED?
200 ACCIDEN	TWAS UNDERLYING	20b D	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port Lor Port II	of item 181	IIIac		20 20	
OR CONTRIB	ITING CAUSE OF DEATH	200.0	ESCHIOL HOW HOOK! OCCOR	MED. (Elliot holded of hilpsty h		01 110111 10.7				
3 20c TIME O	F INJURY Month, Doy, Year	20d J	INJURY OCCURRED 20e	PLACE OF INJURY (Home, for	m. I 20f. (	City or town)	(Co	ounty)	-	Stote)
20c. TIME O	r o.m.	While	e Not While	foctory, street, office bldg., etc		, 0,	(**	,,	,	3.0.07
21 1	p.m.	UI WUI	rk U ot work U) ided the deceased frai	0/1/	19.66 , ta_	5/	25/ 10	67 1		\ lask
	e deceased alive an			that death accurred a	8 • 20P M	from couse	s and an t	he dat	e stated	ve) iasi
22o. SIGNA				mar deam decarred a	<u> </u>	iidiii cabso.		ATE SIGN		abave.
	VUH V	Ven	/	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	5/2	5/67	7	
22c. PHYSIC				22d. ADDRESS						
NAME	Type) Moe W	eiss, M	.D.	Glenn Dal	e Hospi	tal, G	lenn D	ale,	Md.	
23o. BURIAL, CRE	MATION, 23b. DATE 1		23c. NAME OF CEMETER'	OR CREMATORY .	23d. LOCA	TION (City or	Town)	(County	) (S	tote)
BURIA	MAY :	19, 1967	CEDAR HI	LL CEMETER	SV Sui	TLAN	D. MI	ARY	LAN	D
24. FUNERAL DI	RECTOR	1 /	ADDRESS	/ 2So. REC	D BY REGISTRAR	2Sb.	REGISTRAR'S	SIGNATU	RE	
(2)	W Chan	bende	of wer ala	A MA SMA	Y 2 0 10	167	Charl	By V	usol	

VR A15 (4) 25M 1/67 SOUTH OF THE REAL PROPERTY OF THE PROPERTY OF

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Gerald J. HoDonough

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Thomas McDonduch Cartina Wibrecht

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	MARYLAND STATE DEPARTMENT OF HEALTH	· · · · · · · · · · · · · · · · · · ·
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE 1, MARYLAN</b>
07142	CERTIFICATE OF DEATH	07122

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
P9: 112 - P 21	a. STATE MARYLAND b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  Columbe PARK  60 YR5	/ /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS   e. IS RESIDENCE
	ON A FARM?
9014 KHODE ISLAND AVE	9014 RHODE ISLAND AUE YES NO.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) MARY ESTHER	MCINTYRE DEATH MAY 17 196/
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	B. OATE OF BIRTH  9. AGE (In year's   IFUNDER 1 YEAR   IFUNDER 24 HRS.   In under 24 Hrs.
FEMALE WHITE WIOOWED DIVORCED	OCT. 24 1899 67 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
AUDITOR, INFAGENCY U.S.GOT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN HENRY MC INTYRE	LORA ANNIE REYNOLDS
1 (Yes, no. or unknwn)   (If yes nive war or dates of service)	INFORMANT Address Ac # 9
m 220-44-8890 RU	TH C. MeINTYRE SAME AS #2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	onset and of one of the one of th
11112	ange.
Conditions, If any, which	1:4-1
gave rise to immediate	47943
cause (a), stating the underlying cause last.	apopledy 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO TO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 1960, to may /7, 196/, that (1) (we) last
	death occurred at 10 4 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MEO. STAFF PHYS.   22b. DATE SIGNED  OIRECTOR   PHYS.   MEO. 1967
M.D	PHYS. DIRECTOR PHYS.   Mary 18, 1961
1 22c. PHYSICIAN'S NAME (Type) N.B STEWBED MD.	22d. ADORESS
1.0.0121171101	HUKEL-11D.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL MAY 201961 1-TILINICOLA	1 CEMI BLADENSBURG MARYLAND
24. FUNERAL OIRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. W. CHAMBERS CO RIVERDALE, M.	ARYLANDDATEMAY 29 1967 Cliarles Indge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at Page 4 may be retained by the hospital or attending physician.

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Author Carried and an authorized and an authorized to the contract of the cont

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07143

CERTIFICATE OF DEATH

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	Doy		ear	
IF UNDER 1	28 YEAR	19	67 ER 24 H	DC
Months	Doys	Hours		
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death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT affer GEORGES MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURA d completely filled in by the mave carbon papers. Page ny event, within 72 haurs,a write RURAL and give neorest town) VDREWS AF BASE MO. Day UTICA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS HOSPITAL ANDREWS 829 MILDRED AVENUE NAME OF First Middle DATE Month Lost DECEASED MCSALLY JOHN (Type or print) MAY DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remave lost birthdoy) 3 3 yrs. X and in any MALE WIDOWED DIVORCED 29 JUN 33 ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physician ( during most of working life, even if retired) INDUSTRY USAF ONEIDA, NEW YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval JOSEPH MCSALLY GERTRUDE MACCRACKEN attending property. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, ar 953-1967 095-20-9692 MOTHER SAME 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIAC-RESPIRATORY EMBRASSMENT DUE TO burial, (b) METASTATIC Conditions, if ony, which gove DISEASE rise to immediate couse (a). DHF TO stoting the underlying couse as the has been Health priar ta lost ( MALIGNANT MELANOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate ā 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) factory, street, office bldg., etc.) Hour o.m. Not While ot work L ot work O FUNERAL DIRECTOR: After 19 67, ta 28 21. I certify that (X (this haspital) attended the deceased fram. Apr directar, page 3 shauld shauld be filed with the May 1967, and that death accurred at 10 · 3 M. from causes and an the date stated above. saw the deceased alive an\_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Hospital Andrews NAME (Type) Dc 20331 Andrews 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 196

**OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. O HOSPITAL

VR A15 (4) 25M 1/67

MARYLAND STATE	DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD	OS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07144 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission)
a. COUNTY	e. STATE A A D. COUNTY P
PRINCE GEORGES MARYLAND	MARYLAND TR, GEOS_
b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give marest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
College PARK, 110- 41KS	6904 (arleton persace
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS ON A FARME
	College Park, Maryland YES NO IN
3. NAME OF First Middle	ALast A. DATE Month Day Yeer
(Type or print) STANLEY REYNOLDS	NISVEY DEATH NAY 9, 1967
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year IF UNDER 1 YEAR IF UNDER 24/HRS.  last birthday)  Months Days Hours Min
MIDOWED DIVORCED	8-29- // Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMING FARMER	CECIL COUNTY. MIC. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENTAMEN MCVEY	MINDENERY REVIOLOS.
	INFORMANT Adayoss
(Yes, no, or upkown) (If yes give war or dates of service) 67-076-963 CV	C. NOVEY-6904 (assolon Isrrace
18. CAUSE OF DEATH [Enter only one cause or line for (a), (b), and (c).]	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dassing	rebral Gemourhage ONSET AND DEATH
331X DUE TO 1 1 1	et in a vi
Conditions, if any, which \ (b) Orebral (d)	Meriosclerosis 20 1R3_
gave rise to immediate causa	
(a), stating the underlying	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
5	YES NO M
20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of Injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
at west 🗇	tory, street, office bldg., atc.)
	NAR. 17 1007 10 N/AY 9 1007 124 (1) (1)
21. I certify that (I) (this hamilal) attended the deceased from	
saw the deceased alive on	death occurred a

ATTENDING PHYS. 22d. ADDRESS

CEM

MED. DIRECTOR

226. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY
ROSE BANK CE

23d. LOCATION (City, town or county)

CECILGO, MD

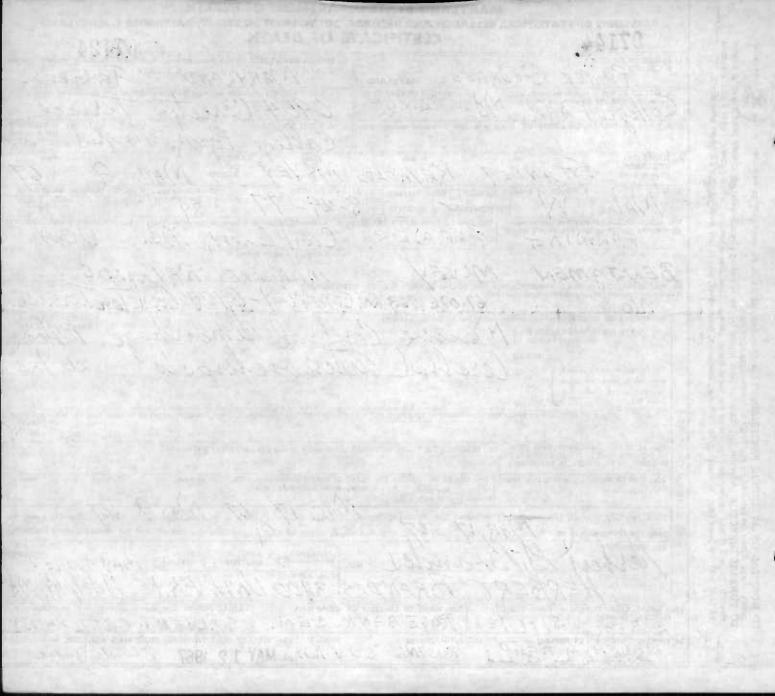
24 FUNERAL P DIRECTOR'S SIGNATURE

ADDRESS RISING

SUN, M.D. DATMAY

258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

VR A15 (4)



#### MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
7145	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	071

FOR STATE HEALTH DEPT.

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State Depart I from 18. Give rusdeoth. OU after hours permit. File event within burial-tronsit ony .⊆ 0 ond be used removol, 3 should cremation, or ar your

Examiner's pencili

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writing the word

the certificate,

EXAMINER:

should be forwarded to the Chief Medical funeral he

FUNERAL DIRECTOR: Page Heolth prior 0

07145 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) g. COUNTY o. STATE b. COUNTY Maryland MARYI AND Prince George's Prince George's
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Forest Heights d. STREET ADDRESS e. IS RESIDENCE ON A EARM? YES NO X 124 Mohican Drive Prince George General Hospital NAME OF Middle 1ost 4. DATE Month Year DECEASED 19 67 Miller (Type or print) Anna DEATH IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED June 1884 White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired Housewife COUNTRY? INDUSTRY New York

14. MOTHER'S MAIDEN NAME 13. EATHER'S NAME Unknown Unknown Forestdd Hills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Md . (Yes, no, or unknown) (If yes give wor or dates of service) Francis Miller-124 Mohican INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure DUE TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY C or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While While of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 🔽 , Inspection 3 and in my opinion Notural causes x Suicide | death resulted from: Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOE 23d. LOCATION (City or Town) St. Bonaventure Cem. Allegary N. Y. ADDRESS 256. REGISTRAR'S STONATURE 256. REGISTRAR'S STONATURE 8-8-1967 Removal FUNERAL DIRECTOR loseph Gawler's Ochantes Judge ons

VR A15ME (5) 6M 1/67

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# TATE DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with/the State Department of Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

### MARYLAND STATE DEPARTMENT OF HEALTH

		- 1	ALMIZIE	MIND 3	IMI	L DLI	MIZI	MILLIAI	OI II	LALLI		
DIVISION	OF	VITAL	RECOR	DS, 301	W.	PRESTO	S NC	TREET,	BALTI	MORE,	MARYLAND	21201
		ME	DICAL	FYA	MIN	JFP'C	CER	TIFIC	ATE	OF I	DEATH	

07146	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07126
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if instit	
o. COUNTY Prince George's	MARYLAND	o. STATE b. CO Marvland Pri	nce George's
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write R	RURAL ond give neorest town)
write RURAL and give nearest town)	704		11.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in	DOA	College Park	L e. IS RESIDENCE
		d. SIREET ADDRESS	ON A FARM?
Leland Memorial Hosp	oital	3739 Marlbrough Way	YES NO K
3. NAME OF First	Middle		onth Doy Year
(Type or print) Willia	m C	Miller OF DEATH	5 1 19 67
		8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white	WIDOWED DIVORCED	5-26-1905   lost birthdoy) 61 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
MinnihgkEligthleed	U. S. Government	Pennsylvania	COUNTRY? A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John R. Miller		Stella E. Mates	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Ad	dress
(Yes no, or unknown) (If yes give wor or dates of se	. )	lizabeth Miller Same as	
The Cause of Death (5)			
18. CAUSE OF DEATH (Enter only one couse part I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (o).	Heart failure		ONSET AND DEATH minutes
DUE 10	Arteriosclerotic h	eart disease	over 6 yrs.
Conditions, if ony, which gove (b) rise to immediate couse (o),			
stating the underlying cause DUE TO			
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
			PERFORMED? YES NO
NO EXTERNAL CAUSE WAS	20h DESCRIBE HOW INTERPRET	(Enter noture of injury in Port I or Port II of item 18.)	1.25
PRIMARY Or CONTRIBUTING	200. DESCRIBE HOW INSORT OCCURRED.	(Enter horoze of injury in Fort For Fort in or hell 10.)	
CHOSE OF DENTIFIC	L and a million occupants	er or william to	(5.1)
20c. TIME OF INJURY Month, Doy, Year Hour o.m.	While — Not While — for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
≥ p.m. 19	ot work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21. I certify that I taok charge a	f the remains described above, he	eld an Autapsy 🔲 , 🛮 Inspection 😿 , 🔝	quiry 🙀, and in my opinion
death resulted fram: Natural o	ouses X 1 Acadent X Suid	cide , Homicide Undetermined	
	/ K T/	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	1-110/	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	5/10/	DEPUTY MEDICAL EXAMINER	
NAME (Type) John Kehoe, M.	D. Riverdale, Md		5-1-67
230. BURIAL, CREMATION, 23b. DATE THEREC			
Burial 5/3/67		Bedford	Va.
24. FUNERAL DIRECTOR	ADDRESS		REGISTRAR'S SIGNATURE
Francis Gasch's Sons			Milarles Judge
	ray actor valle, ivid.	DAIRIMAI O 1301	The state of the s

VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	1	4	7	
_	-	-	•	

CERTIFICATE OF DEATH

08615

9	_														
)	1. [	PLACE OF DEATH						2. USUAL RESIDENCE ( o. STATE		eceosed lived, if institu b. COU		ce before	odmissio	n)	
		PRI	NCE GEORG	ES		MARYLA		MARYLA		PRI	INCE			3	
	t	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16				lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	ANDREWS AF BASE D.O.A.							SUITLA	ND			/	6.1		
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)						d. STREET ADDRESS				0.	IS RESID	ENCE		
			SPITAL AN		3			5541 68		Avenue		У	ES 🖫		
		NAME OF DECEASED		rst		Middle		Lost	4. DA		th	Doy	Yeo	)[	
	(	Type or print)	ELWO			INER	_	1ILSON		ATH MAY	T is then so i	31	19 6		
	S. S	SEX	6. COLOR OR RACE	7. MARRIE		ER MARRIED		. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months 1	Doys	IF UNDER	Min.	
		IALE	CAU	WIDOWE		DIVORCED		24 May 1	930	37 yrs.					
	10o.	USUAL OCCUPATION ng most of working	(Give kind of work done	10b.	KIND OF BUS	SINESS OR		11. BIRTHPLACE (County	& Stote,	or foreign country)		IZEN OF UNTRY?	WHAT		
		USN	mo, even in remedy		INDOJIKI	USN		GIARD.	TOWA	4		SA			
П	13.	FATHER'S NAME				100		14. MOTHER'S MAIDEN	NAME						
	S	SAMUEL N	1ILSON					LUCTLL	F 1/7	TTER					
Н	15.	WAS DECEASED EVE	RINIIS ARMED FORCES?	(canica)	6. SOCIAL SEC	URITY NO.	17. II	NFORMANT		Addr	ess				
٦	(76	YES	(If yes give wor or dotes) Jun 47-Ma	v 6 7 1	184-24	+-8575	1	Vife	Sa	ame as #2	>				
ú		18. CAUSE OF DI	ATH (Enter only one co							anc an ir		INTE	RVAL BET	WEEN	
3		PART I. DEAT	H WAS CAUSED BY:	(a) ACI	ITE MY	YOCART	ΤΔΤ	INFARCT	TON			ONSET AND DEATH			
F		420			4.			· LINE PRODUCE.	T-014						
		Conditions, if ony		(b) CAI	RDIAC	ARRES	T								
۲.		rise to immediat		. ,											
6		last.	Tyling couse	(c)											
1		PART II. OTHER SI	GNIFICANT CONDITIONS (		G TO DEATH B	BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NDITION	GIVEN IN PART 1(o)		19. \	WAS AUTO	PSY	
2	CERTIFICATION		e 16 1 /							. ,		YES	PERFORM	ED?	
	FICA	20o. ACCIDENT WAS	LINDERLYING	20h	DESCRIBE HOW	W INTERY OCCU	IRRED (	Enter noture of injury in	Port Lor	Port II of item IR \		11.0	'	140	
	CERTI	OR CONTRIBUTING	CAUSE OF DEATH	200.	DESCRIBE 1101	II III30KT OCCO	inneb. (	Enter holore of injury in	1011101	TOTT IF OT HEIR 15.)					
			MEDICAL EXAMINER)  JRY Month, Doy, Yeor	204	. INJURY OCCL	IDDED TO	Do DIAC	E OF INJURY (Home, form	m 2	Of. (City or town)	If an	intul.	,	Stote)	
	MEDICAL	Hour o.r	n.	W	ile - Not	While work		ry, street, office bldg., etc.		oi. (ci;y oi fowii)	(COU	inty)	(	мотеј	
			II.				om .	31May,	19 6 7	7 to 31 Ma	137 19 6	6.7 the	t (He)	we) last	
								death accurred at							
		220. SIGNATURE	() /	1						AM		TE SIGNE			
		No	in S. t.	ipn	an	M.D.	M.D	ATTENDING PHYS.	MED. DIRECTO	R STAFF	31 1	May	196	7	
		22c. PHYSICIAN'S				I		22d. ADDRESS [	JSAF	Hospita	1 And	drew	7S		
/		NAME (Type)	DAVID G.	PIEF	GRAS.	CAPT,	USF	AF MC	Andr	ews AFB				31	
	230.	BURIAL, CREMATIC	ON, 23b DAJE TH	ERECT /	23c. NA	ME OF CEMETER	RY OR C			LOCATION (City or To		(County)		tote)	
	,	REMOVAIC(Specify	6 0/3	161						MIDWA	Y G	170	1. 6%	WIF	
	24.	FUNERAL DIRECTO	R	1	A	DDRESS	117	457 S. A.So. REC	D BY REC	GISTRAR 2Sb. 9	GISTRAR'S SI	NATUR	uda	L	
	1	1/11/1/2	HAMRER	S PM	MINE	MA	"11				Mary	00	0		

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages J-and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after again

VR A15 (4) 25M 1/67

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TAILO

MARYLAND STATE DEPARTMENT OF HEALTH

ID RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH Division of STATISTICAL RESEARCH AND Item #12 Film #G38

07148

07127

-										
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)							
M	400	COUNTY Prince GeorgeMARYLAND	a. STATE mol. b. COUNTY Prince George							
4	Ь	CITY OF TOWN /If outside cornered limits	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
1	A	artic FileAl and give nearest town)	Hyattamelle 16.1							
	0	NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	1	Paint Branch kurning Home	4 and Oliver St. YES NO 13							
	0	NAME OF First Middle DECEASED Type or print)  FRANK	1ONTEBELLO OF Marth May 31, 19 67							
	S. S	5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 1 - 2 8 - 18 80 8 7 yrs.  9. AGE (In years last birthday) 8 7 yrs.							
1	10o. Jurii	USUAL OCCUPATION (Give kind of work done ng most of working lite, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Italy							
1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	1	, 5	Thelen Ory anow yoo Oliver							
+	7-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address who attached							
		s, na_or unknawn) ((If yes give war ar dates of service)	Rose Savinin							
-	T	12 / 12 + 2 - 1 - 1	INTERVAL BETWEEN							
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH-							
		331X IMMEDIATE CAUSE (a) DUE TO	mines museus cox.							
	П	Conditions if any which ages								
		rise to immediate cause (a),	or the state of th							
П		stating the underlying cause last.								
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
2	<u> </u>		PERFORMED? YES NO X							
	2	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Port II of item 1B.)							
	CEKIIFICATION	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
			PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote)							
	MEDICAL	Hour o.m. While Not While	factory, street, affice bldg., etc.)							
	1	p.at. diwak alwak	17. 7 10 6 to 5 = 3 / 10/7 that (17 wa) last							
_	1	saw the deceased alive an 331 1964 and t	that death accurred at Line M, fram causes and on the date stated abave.							
		220. SIGNATURE	22b. DATE SIGNED							
	1	Kd James/Mr.	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.							
/		22c. PHYSICIAN'S NAME (Type) R.D. Bauer MP.	2513 Buck OKyc RV. Arkelphy MN.							
-	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LCCATION (City or Town) (Caunty) (State)							
		Burial June 5, 1967 MT. OLIVE								
		. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE							
	(	GASCH'S 4739 Baltimore Ave. Hvattsvi	The Md DATELLIAN E 4007 OCHONOROD							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, gad in any event, within 72 neurotized death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

CLUCAL and the effective testing to be a second of the contract of the contrac

FOR STATE, This certificate shauld be executed within 24 hours after death. If any delay is

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land Awith the State Department a Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death. 16

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the funeral Medical Examiner's Office along with farm PM3. Page

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07128

	0714	3	MED	DICAL EXAM	IINER'S	CERTIFICATE (	OF DEATH	0712	8	
o. (		eorge's		N	MARYLAND	2. USUAL RESIDENCE o. STATE Maryla:	,	h COLINTY	dence before of	
		f autside carparate limit I give nearest tawn)	Σ,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If a		s, write RURAL and	give nearest to	wn)
		AL OR INSTITUTION (If no	at in haspital,			d. STREET ADDRESS	IITTTO		e. I	S RESIDENCE IN A FARM?
F	rince 0	eorge's Ge	neral	Hospital		4105 S	outhern A	venue		NO X
DEC	ME OF CEASED pe or print)	Will	iam	Middle Thomas	3	Moore Lost	4. DATE OF DEATH	Manth 5	Day 5	Year 19 67
5. SEX		6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH	9. AGE			UNDER 24 HRS.
	[ale	White	WIDOWED	DIVO	RCED 🔲	4-16-25		hirthday) Manth Yrs. Manth	s Days I	laurs Min.
10o. US during	mast of working	I (Give kind of work done life, even if retired) ant		KIND OF BUSINESS OF NDUSTRY elf-Emplo		11. BIRTHPLACE (Stor	0 17	12.	. CITIZEN OF W COUNTRY?	HAT
13. FA	THER'S NAME				-	14. MOTHER'S MAIDEN	NAME			
	Rob	ert M. Mo	ore,	Sr		Beulah M				
(Yes, n	a, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates) & Korea	of service)	. SOCIAL SECURITY N		nformant verly H. Mo		emp <b>1dessHil</b> Canterbur		
1		EATH (Enter only one court was caused by: IMMEDIATE CAUSE DUE	(o) Lace	eration of	[ brai	n				AL BETWEEN AND DEATH
	anditions, if any	, which gave }	-	1 fractu	re					
st	se ta immediat ating the unde st.		1 / -							
CERTIFICATION	ART 11. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN P	ART 1(a)	f9. W/ PE YES	AS AUTOPSY REORMED?
JIII 20	Oa. EXTERNAL CA		20b. D	ESCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injury in	Part I ar Part II af	item 18.)		
(E)	AUSE OF DEATH.	MIKIDOTINO 🗆	dri	ver of ca	ar whi	ch ran off	road and	hit tree		
181	Oc. TIME OF INJU Haur o.r : 25am p.r	JRY Manth, Day, Year n. 5-5 1€	Whil	INJURY OCCURRED  e Nat Whife Ink of work	20e. PLA X 4300	CE OF INJURY (Home, for ory street, office bldg., et Suit Land, R	m, 20f. (City d. Suitl	,	(County) P.G.	(State) Md.
	21. I certif	y that I taok charg			l abave, he	ld an Autapsy 🔲 ,	Inspection []	, Inquiry 🛽	, and in	my opinian
	death result	ed fram: Natur	al causes [	, Accident	🛣, Suic	ide 🔲, Hamicid	e, Undeter	mined manner		
	CTUAL IGNATURE	Ho	to 1	Lef	21		DICAL EXAMINER			DATE SIGNED
	XAMINER'S	/1/	D		Ma7		CAL EXAMINER X et, city, tawn, ar caus	ntv)	5	-6-67
23a. E	BURIAL, CREMATIC REMOVAL (Specify	hn Kehoe M. DN, 238. DATE TH	EREOF H.	23c. NAME OF (	CEMETERY OR	CREMATORY		(City or Town)	(Caunty)	(Stote)
	PRITTER	May o-	1967	ADDRESS	r Hill	Cemetery	Suitle	nd Mary	yland S SIGNATURE	
1	uneral directo	os. 1661-G	ood Ho		Wash	BAAN	9 <b>1967</b>		les Jus	ye

STREET, THE STREET, ST

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0 1 7 9 0			CERTIFIC	CATE	OF DEA	AIII				7 7		2,3
1.		rince Georg		MARYLA		o. SŦATE	Maryl	and	5 1 1 1 1 1	NTY Pri	nce	George	's
	Cheverly	f outside corporate limits, give neorest town)		ENGTH OF STAY IN O. O. A.	1b				limits, write RU	RAL ond give	neorest	town)	
		al or institution (if not George Gen				d. SIREE ADD	Taylo	r Str	eet			IS RESIDENCE ON A FARM	?
	NAME OF DECEASED (Type or print)	Julia	t	Middle •		rison		OF DEATH	May		31,	17	7
F	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Date of Sirt $\mathbf{Dec.}\ 1$	8,188	1	AGE (In years birthdoy) yrs.	Months Months	Doys	Hours A	HRS. Ain.
10 du	o. USUAL OCCUPATION ring mast of warking t HOUSEWIT	(Give kind of work done ite, even if retired) E		Home		Wash	E (County & St			12. CIT	IZEN OF	A.	
	Henry R.	Kirk	. Kan			14. MOTHER'S  Jul:	MAIDEN NAM			11			
15 (Y	. WAS DECEASED EVER es, no, or unknown) 10	R IN U.S. ARMED FORCES? (If yes give wor or dates of	service) 16. SOCIAI	L SECURITY NO.		retta C	. Flo	od Sa	.me as		ugh	ter)	
	PART I. DEAT	ATH (Enter only one cous H WAS CAUSED 8Y: IMMEDIATE CAUSE (	100	b), and (c).)	Rio-e	Dec	emb	unes	ta			RVAL BETWEE T AND DEAT	
	Conditions, if ony,	which gove )	to act	eripala	fic	He	int	Des	em s				
	rise to immediate stating the under lost.	lying couse DUE	(c)										
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	0	ATH BUT NOT RELAT	TED TO TH		SEASE CONDIT	TION GIVEN	IN PART 1(o)		19. YES	WAS AUTOPSY PERFORMED? NO	
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DESCRIBE	E HOW INJURY OCC	URRED. (E	nter nature of	injury in Port	t 1 or Port I	1 of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	20d. INJURY While of work	OCCURRED 2 Not While at work		E OF INJURY (H ry, street, office		20f.	(City or town)	(Cou	ınty)	(Stot	e)
	21. I certif	y that (I) (this hasp ceased alive on	ital) attended t	the deceased fr	rom ) nd that	— ↓ death accu	, 19 <u>4</u> rred at <u>2</u> 2	0, to	5-36 fram causes	, 19 <u>@</u> ond an th	the dote	ot (I) (we) stoted of	last ove.
	220. SIGNATURE	N. Pa	7		M.D.			D. RECTOR [	STAFF PHYS.	1 2	Signer (	.).	
	22c. PHYSICIAN'S NAME (Type)	Aaron D		D.		Pri	nce G	eorge	e Plaza	Hya	ttsv	ille, l	Md.
	o. BURIAL, (REMATIO REMOVAL (Specify)	6/3/6	7 23c	Glenwoo		REMATORY		23d. LOCA W &	ATION (City or To ashingte	on D.	(County)	(Stote	)
	4. FUNERAL DIRECTOR Francis (	Gasch's Sor	ns Hyatt	ADDRESS sville, 1	Md.		DATE JUN		1967 25b. 8	GISTRAR'S SI	CNATURE	udges	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the buriol-tronsit permit. Then please represe carbon papers. Pages should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any eyeld, within 72 hours after the prior of the pr Page 4 moy be retained by the hospital or attending physicion.

The Late of La 15 mm.s 1143 1 mm.s 20 30 30 mm.s GT 170 F NA, e THE LL. COUVER LLS YEMEVIED, M.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0715	1		CERTI	FICATE	OF DEATH			0	7130	
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deceased			ice before adn	nission)
prince 9	ieoraes		MAI	RYLAND	Maryland		Dranc	e Geor	nes	
	(If outside corporate limit	'S,	c. LENGTH OF STAY		c. CITY OR TOWN (If out	tside carporote				n)
	id give nearest town)		12 year	4	West Hyaz				11.	,
d NAME OF HOSPI	TAL OR INSTITUTION (If n	at in hasnital	1		d. STREET ADDRESS	usou	R		l e. IS	RESIDENCE
			9110 311001 44414337			. ,	C	. 7	ON	A FARM?
	tenhouse St				7	enhouse			YES	NO 🔀
3. NAME OF DECEASED		rst	Middle	A	Last	4. DATE OF		nth	Doy	Year
(Type or print)	Margi		5.		ullen	DEATH	May 3			19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH		AGE (In years last birthdoy)	Months Months		NDER 24 HRS urs Min.
emale	white	WIDOWED	DIVORC	ED 🔲	Dec 17, 1908	3	58 yrs.		0010	or a min.
10a. USUAL OCCUPATIO	N (Give kind af wark dane	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (County &	& State, or forei	gn country)		TIZEN OF WHA	AT
Ketited 1	life, eyen if retired) ept Manage	z Woo	dward & L	othru	9 reland				UNTRY?	
13. FATHER'S NAME				0.0.000	14. MOTHER'S MAIDEN N	IAME			Claffa	
William S	cotson				Mary Naugh	hton				
	ER IN U.S. ARMED FORCES?	1 16	SOCIAL SECURITY NO.	17 1	NFORMANT	20070	. Add	ress		100
(Yes, na, or unknown)	(If yes give war ar dates		7-01-5344		arles Muller	713	Ritten	house	Street	
No	None			10.0		W. 19	yattau	ille,	Md	
	<b>DEATH</b> (Enter anly ane ca ATH WAS CAUSED BY:	use per line for	(a), (b), and (c).)		10	,				BETWEEN ND DEATH
PART I. DEA	IMMEDIATE CAUSE	(0) ad	enecarci	chan	ca of K	ecty	un		OHDET A	NO DEATH
154	X DUE									
Canditians, if any		(b)							1.33	
rise to immedia			1-11-21-56	36.74				7	1000	12.11
stating the under	eriying couse	(c)								
	IGNIFICANT CONDITIONS		TO DEATH BUT NOT D	FLATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN	IN PART I(a)		19. WAS	AHTOPSY
PAKI II. VINEK 3	IONII CANT CONDITIONS	ONITIOUTINO	TO DEATH DUT NOT K	LLAILD TO I	THE TERMINAL DISEASE CON	DITION OTTEN	IN TAKE I(O)		PERF	ORMED?
\$								0.010.7	YES	] NO 🔀
	AS UNDERLYING   CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in F	Port I or Port I	l of item 1B.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	URY Month, Doy, Yeor		NJURY OCCURRED		E OF INJURY (Home, farm,		(ity ar town)	(Ca	unty)	(State)
Haur o.	m. m. 19	While of war		1 tocto	ory, street, affice bldg., etc.)					
	ify that (I) (this ha			d fram	1/25 1	% (	5/3 A	19/	7, that (	1) (wa) la
	deceased alive an £		1967	and that	death accurred at					
22g. SIGNATURE		1	~ /	, and ma	dealli decolled al.	, m,	num tuose.		AJE SIGNED /	area abay
220. 31011A10KL	1 1	7		J.M	ATTENDING TO	MED. DIRECTOR	STAFF I	7 5	77//	19
22c. PHYSICIAN'	in of	, cu	egon	M.L	D. PHYS. LST 22d. ADDRESS	DIRECTOR L	J PHYS. L	0/	0 (/ 4	2/
NAME (Type	101000	la maria			1716 V C	+ 1	hu lu	la . la :	+. 9	0
1//	· ·	innega			11/40 1	M., (V.		ashing		-6-
23a. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CE				TION (City or 1		(County)	(Stote)
BREMOVAL Specific	" June 2,	1967	Mt. Oli	vet C	emetery		ington			
24. FUNERAL DIRECTO		Wisor	8434 Geor	aia a	2Sa. REC'D	BY REGISTRAF	25b.	REGISTRAR'S	GNATURE.	ye.
Warner &	Pumphrey.	Inc. S	ilver Spr	ina I	MarylandidUN	V 6: 1	304		0	0

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in by th director, page 3 shauld be detached far use as the burial-transit permit. Then please femous cabban papers. Pag shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and it, any evep, within 72 hours Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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#### FOR STATE HEALTH DEPT

EXAMINER: This certificate should be executed within 24 hours after death. If any delay are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State 2 and  $\rightarrow$ 70 please execute director. Page 4

after hours the 72 2 with within event any pages in any File permit. removal, a burial-transit cremation, or i used as to burial designated director. Page 4 should retained for your files. TO FUNERAL DIRECTOR: P of Health or its designa 2

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence/before admission) a COUNTY b. COUNTY. MARYLAND Department after death. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b corporate limits, write RURAL and glye nearest town; c. CITY write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not) in hospital, give street address) d. STREET ADDRESS NO NAME DE 3. First DATE Month Day Year Middle DECEASED OF DEATH (Type or print) 19 AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months | Days Hours I WIOOWED [ DIVORCED 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY REAL ESTATE. West 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE ICIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) SAME AS ITEM 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL DETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, If any, which gave rise to immediate **OUE TO** cause (a), steting underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? 2 NO Z 3 should be agent, prior 1 2Da. EXTERNAL CAUSE WAS 2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Item 18. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While at work

MEDICAL (State) at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) 23a. REMOVAL (Specify) Brick Church Cemetery Huttonsville West Burial 23-1967 Virginia ELECTOR DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS nons Bros. 1661-Good Hope Rd SE Wash DC

VR AISME (5) 1/65

LE YOU STATE JAN 24-1942-45 HEAD OUTSTE MURNING TRANSP CO. WICKE VIRGINIA George H. Mundell Isis M. Ringky STELLA W. Munda Il- Shoe As I'den " PRINCE OF THE REAL PRINCES OF THE PR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

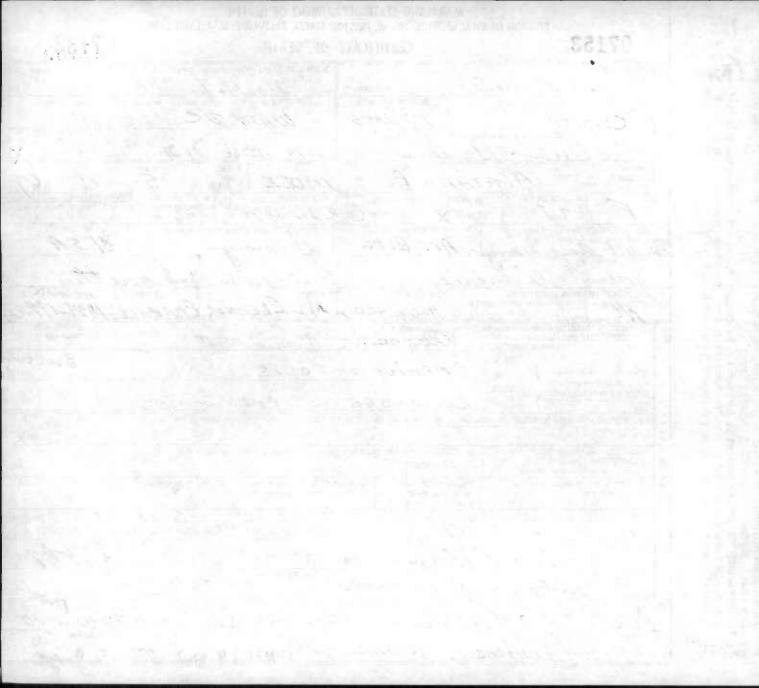
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001	00	CERTIFICATI	L OI DEATH		0.1.10%
1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed lived, if institution	n: Residence before odmission)
o. COUNTY	e. GEORGE	MARYLAND MARYLAND	O. STATE 240	Shiritan DC	Y
	(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corporate limits, write RURA	
	and give neorest town)	197Aus	2	H. D.C.	17 2
d. NAME OF HOSE	PITAL OR INSTITUTION (If not i	in hospital, give street address)	d. STREET ADDRESS	H. J.C.	e IS RESIDENCE
Fine	Deemi	Gardens		#st. 7.24.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AGA	ATHA B,	MUSE	4. DATE Month OF DEATH	Doy Year 7
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS
F	W	WIDOWED DIVORCED	3-21-189	76 Yrs.	Months Doys Hours Min.
100. USUAL OCCUPATI during most of working Tescele	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY BLDG.	11. BIRTHPLACE (County	y & Stote, or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	age marie		14. MOTHER'S MAIDEN	NAME	
Irela	1 Ben	redekt	Cather	sil Soh	120 Hear
IS WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	WASHING.
(Yes, no, or upknown	(If yes give wor or dotes of s	ervice) 577-03 4/50-	a MISS EI	ANDR CHARRI	12 1814 1798
I IR CAUSE OF		per line for (o) (b), and (c).)		CHARACTER STATE	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	VASCULAR	Car . E	OSE	ONSET AND DEATH
162	IMMEDIATE CAUSE (a)			, 84	3 WEEK
	ny, which gove ) (b)	PARRIMAN	AT0515		Succe
rise to immedi	ote couse (o), (				
lost.	seriving coose (c)	BRONCHO GE	NIC CA	RCINOMA-	
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 1B.)	/
Hour i	JURY Month, Doy, Yeor o.m. 19		ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County) (Stote)
21. I cer	tify that (I) (this hospit	tol) ottended the deceased from_	4-29	1967 ta 5-18	1967 hat (I) (we) la
sow the	ک _deceased alive on	-17 1967, and the	at death accurred of	1:58 A. M. from causes at	nd on the date stated abov
22o. SIGNATUR	alkeel	Capen, men	ATTENDING DHYS.	MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN NAME (Typ		O R. LAPIN, MO	22d. ADDRESS	LINTON, M.	D
230. BURIAL, CREMA	TION, 23b. DATE THERE		R CREMATORY	234) LOCATION (City or Town	n) (County) R (Stote)
BUR (Spe	2 12/22/	967 GEO. WASH.1	YEMO. YARK	K1663 KD EKTA	Hymenic 10
24. FUNERAL DIREC	10R/ 1/1	ADDRESS		D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
11/1/	1. Phimbe	is fe WASHINGT	DAMA!	ליום ליחה פיף ע	Committee Or com

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furdirectar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after VR A15 (4) 25M 1/67



FOR STATE HEALTH DEPT.

PM3. Page 2, and 3 ta y delay is

in pencil in Item 18. Give Pages 1,

MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If

pending"

a burial-transit permit. File pages Tand 2 with the State Departy

afteraded

Health prior to burial, cremation, ar remaval, and in any event within 72 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0419	4	MEDIC	AL EXAMI	VER'S	CERTIFICATE O	F DEATH		l	3 6 3	33	
1. PLACE OF DEATH o. COUNTY			MAD	YLAND	2. USUAL RESIDENCE (W		b. COUN	ITY			n)
b CITY OR TOWN	Prince George  V (If outside corporate limits	Maryland		nits write RIII	ce Ge	e negres	t town)				
write RURAL	ond give nearest town)		c. LENGTH OF STAY	111 10	1	side corporare in	ilis, willo kor	AL ONG GIVE	, 1100103		
River			DOA		Greenbelt				16	- 1/	
d. NAME OF HOS	PITAL OR INSTITUTION (If no	t in hospitol, give	street oddress)		d. STREET ADDRESS					e. IS RESID ON A FA	IENCE IRM2
Leland	Memorial Hos	spital			6110 Breez	wood Co	ourt. A	pt.30	רנ		NO 🔀
3. NAME OF	Fir		Middle		Lost	4. DATE	Mont		Doy	Yeo	ır
(Type or print)	Joh	m	Charles		Negron	OF DEATH	5		31	196	7
S. SEX	6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	9. AGE	(In years		1 YEAR	IF UNDER	24 HRS.
Mala	TyPlo of the	WIDOWED	DIVORCE		18 Nov. 1938		t birthday) yrs.	Months	Doys	Hours	Min.
Male	White ION (Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (State of			12 (11	TIZEN OF	WHAT	
during most of worki	ing life, even if retired)		STRY Govt.		0.0000000000000000000000000000000000000				UNTRY?		
		0.5	·GOVU.		New York		N.Y.	U.	0.1		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	7		1			
Eustaq'	uio Negron				Helena C	orrea	ALCOHOL:	4			
1S. WAS DECEASED I	EVER IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17.	INFORMANT		Addre	32			
Yes, no, or unknown	n) (If wes give wor or dotes o	service) 06	6-34-49	50	Mrs . Frieda	Negro	n (al	ove	add	res	s)
	DEATH (Enter only one cou					(wife)			INT	ERVAL BET	WEEN
PART I. D	EATH WAS CALICED DV.					10000	SOME?	+		SET AND D	
4 17 4					or descending			tery			
4201	DUE	10 Arteri	osclerot:	ic he	eart disease,	, severe			u	nknov	m
Conditions, if o	ny, which gove ) iote couse (ο),	(b)					17				
	derlying couse DUE	TO									
last.		(c)									
PART II OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT REI	ATED TO	THE TERMINAL DISEASE CONF	DITION GIVEN IN	PART I(n)		19.	WAS AUTO	
NO		JANA DOTATO TO	DETAIL DOT HOT KE	01120 10	7712 72101111112 2132102 2011		1,00			PERFORM	-
S CO. EVERNAL	CALLET WIAC	T and a second							T	ES X	NO [
CALISE OF DEATH	CONTRIBUTING	20b. DESC	KIRE HOW INJURY O	CCURRED.	(Enter noture of injury in P	ort I or Port II of	rtem IB.}				
20c. TIME OF II	NJURY Month, Doy, Yeor o.m.		RY OCCURRED Not While		CE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (Cit	y or town)	(Cor	unty)	(	Stote)

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER DX

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm please execute the certificate, writing the word 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as necessary,

O DEPUTY

Wehoe, BURIAL, CREMATIO REMOVAL (Specify)

21. I certify that I took charge of the remains

Nalleyis

death resulted from:

Inc.

ACTUAL

SIGNATURE

24. FUNERAL DIRECTOR

Home

NAME (Type) John

Riverdale, Md. NAME OF CEMETERY OR CREMATORY

Not While ot work

> Address (Street, city, town, or county) 23d. LOCATION (City or Town)

22. DATE SIGNED 6-1-67

and in my opinion

CCITA

Lincoln Cem. Fort

described abave, held an Autapsy

Colmar

(County) Manor,

VR A15ME (5)

1967

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Inquiry

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	/07155 CERTIFICATE	OF DEATH 07134
	O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE MARVLAND b. COUNTY PR. & ED.
	b. CITY OR TOWN (If outside corporate limits, write RURAL god give nearest town)  C. LENGTH OF STAY IN 1b  GOEF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CAMPSPR) NGS
5	d. NAME OF HOSPITATOR INSTITUTION (If not in hospital, give street address)  Southern Maryland Gen, Hosp	d. STREET ADDRESS  7033 ALLENTOUXV RD. O. IS RESIDENCE ON A FARM?  YES NO DE
	3. NAME OF DECEASED (Type or print) Eugene	Newman 4. DATE Month May Doy 28 Year OF DEATH 1967
	M C WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthder) 9. AGE (In yeors Months Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  Pr. Geos. Cs. Md.  12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME 1 = ugene Newman	Mary E. Proctor
	(Yes, no, or unknown) (If yes give wor or dotes of service)	Moint town the 1/201 2035 11/kg, town the
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CONSESTIVE FAILURE ONSET AND DEATH.
	rice to immediate cours (a)	WHONARY DISEASE 10 YRS,
	stoting the underlying couse   DUE 10 CONGEST	TIVE HEART FAILURE
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED.	PERFORMED?  YES NO Z
	OR CONTRIBUTING CALANGE OF DEATH  (IF EITHER, NOTAL CALANGE)	(Enter noture of injury in Port I or Part II of item 1B.)
	ot work a district of	ACE OF INJURY (Home, form, ctory, steel office bldg ex.)  20f. (City or town) (County) (Stote)
	21. I certify that (I) (this hospital) attended the deceased fram_saw the deceased alive an MAN 27.19 67, and that 220. SIGNATURE	at death accurred at 9 4000, fram causes and an the date stated abave
	William Sugar	D. ATTENDING DIRECTOR STAFF PHYS. 3728/67
/	NAME (Type) ARTAUR SHAVER FR.  230. BURIAL, CREMATION.   23b. DATE THEREOF /   23c. NAME OF CEMETERY OR	8808 OWD BRANCH AUE. CWINTONIND,
	GEMOVAL (Specify) May 31/6/1 St. Sohn's C 24. FUNERAL DIRECTOR ADDRESS 20	21. Cometery Clinton Pr. Ceo. Md.
	Martell adams, Church 111	1. 100 8 1887 Cliantes Indet

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the toneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0715	6		CERTIF	ICAIE	OF DEATH			071	35	
1.	PLACE OF DEATH  o. COUNTY  P	rince Geo	rge	MAR	/LAND	2. USUAL RESIDENCE ( o. STATENEW				e before admiss	ion)
	b. (ITY OR TOWN (IF Greenbel	outside corporate limit give nearest town)	S,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or <b>Keene</b>	utside corporc	ote limits, write RU	RAL ond give	neorest town)	
		L OR INSTITUTION (If no Nursing )		ive street oddress)		d. STREET ADDRESS 53 Troba	te Str	eet	-14	e IS RES ON A YES	
3.	NAME OF DECEASED (Type or print)		ward	Middle Peter	No	lost	4. DATE OF DEATH	May		Doy 70	ear 67
	Male	6. COLOR OR RACE  White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		E DATE OF BIRTH Feb. 2, 18		AGE (In yeors lost birthdoy) yrs.	Months 1	YEAR IF UNDE Doys Hours	R 24 HRS. Min.
	o. USUAL OCCUPATION	(Give kind of work done theren if getired)		nd of Business or Property of the Control of the Co	ed	New Ham			12. CITI	ZEN OF WHAT	
13	Pierre N	Nolin				14. MOTHER'S MAIDEN	NAME				
15 (Y	es, p. er ginknown)	IN U.S. ARMED FORCES?	of service) 00	SOCIAL SECURITY NO. 02 01 0284		nformant irbara McL	eod	5213 Was Bladens			
	1B. CAUSE OF DE. PART I. DEATH  ALCO Conditions, if ony, rise to immediate stoting the underlost.	couse (o),	(o) 10 (b)	(a) (b), ond (c).) Myoran	din	Lynfan Lyndmi	tim			INTERVAL BE ONSET/AND	
ATION	PART II OTHER SIG	Curgue C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE (O	NDITION GIVE	EN IN PART 1(o)		19. WAS AUT PERFORM YES	TOPSY MED? NO
L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED. (	(Enter noture of injury in	Port I or Par	t II of item 1B.)	1.3		
MEDICAL	20c. TIME OF INJUI Hour o.m p.m	10	20d. IN While of work	NJURY OCCURRED Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	(Cou	nty)	(State)
		y that (I) (this has ceased alive an_	pital) attend			death occurred at	- 61	a	, 19 <u>-6</u> and on th	, that (I) ( e date state	
	22o. SIGNATURI	mille	· E	gun	M.D	1 111 07	MED. DIRECTOR	STAFF PHYS.	22b DA	te signed 67	
	22c. PHYSICIAN'S NAME (Type)	DONALD	CE	DGKEN	/	22d. ADDRESS	tgal	trill	, m	l.	
L	REMOVAL (Specify)	5-5-6		ST. JOS			KE		HAMPS		(Stote)
	4. FUNERAL DIRECTOR FRANCIS G.	ASCH'S SON	s HY	ADDRESS ATTSVILLE	, MAR		BY REGISTING	1967 25b. R	EGISTRAR'S SI	GNATHRE	4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages of should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after dear Poge 4 moy be retoined by the hospitol or ottending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifitate be executed within 24 hours after death.

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		THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07157	CERTIFICATE	OF DEATH		17136
1. PLACE OF DEATH 6. COUNTY 6. COUNTY 6. C						
		write RURAL and give nearest town)			D . A	AL ond give neorest town)
15				4.1	Brooks D	e. IS RESIDENCE ON A FARM? YES \ NO \
		DECEASED (Type or print) MARIANNE	~ A/		OF DEATH /NA	y 8 1967.
	5. 5			DATE OF BIRTH	gst bythdoy)	Months Doys Hours Min.
			INDUSTRY	11. BIRTHPLACE (County 8)	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	Langer, Ferd	linand	14. MOTHER'S MAIDEN NA		phia
4			(lexit	Mr. Hora	1, Barnett	Chaten Ind.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line to (0), (d), and (c).)	cular (	ollapne	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove (b)	Myscardul	Infance	in out	3-6
		stoting the underlying couse but 10 (c)	Mossur )	J. J. Abne	mkay	hono
3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	lile Olice	PERFORMED?
		OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	ort I or Port II of item 18.)	
	MEDICA	10	While Not While focto		20f. (City or town)	(County) (Stote)
		saw the deceased alive an		1		nd an the date stated above
		alfred	Japan M.D	PHYS. D		
1		NAME (Type) ALFR	ED RLAPIN,	Mp CI		MD,
		BURIAL MAY 12.1	967 BATTLE CREEK	MEMORIAI PAR	KBATTLE CR	REEK, MICH.
	24	Par: Thomas M. Hyso No		DI NIVI		Carla Que

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

HEARD REAL PROPERTY.

77757

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07158 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b limits, write RURAL ond give neorest tawn) write RURAL and give negrest tawp d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TO 3. NAME OF Middle 4. DATE Month Year Lost Dov DECEASED 19/0/ (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Manths last bir Jay) Hours WIDOWED DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 OUSEWI 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address (Yes, na, ar unknown) (If yes give war ar dates af service) SAME 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour a.m. Nat While factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from

signed by the buriol-tronsit be retained by the hospital or ottending physician. os the this certificate detoched for the Dept. of H TO FUNERAL DIRECTOR: After director, poge should be filed

Vaithin 72 hours after

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cremotion, or removal,

burial,

Heolth !

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completely

death certificate be executed within 24 hours

sow the deceosed alive on\_ 220. SIGNATURE 22c. PHYSICIAN'S

ATTENDING PHYS. 22d. ADDRESS

CEMETERY OR CREMATORY

DIRECTOR

ond that death accurred at 3/5 am, fram causes and on the dote stoted above.

23d. LOCATION (City or Town)

DATE SIGNED PHYS

23a. BURIAL, CREMATION REMOVAL (Specify) vria

FUNERAL DIRECTOR

NAME (Type)

ADDRES!

23c. NAME

250 REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

1967

(County)

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07153 CERTIFICATE OF DEATH 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) completely filled in by the funeya b. COUNTY a. COUNTY, PRINCE GEORGE COUN MARYLAND b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers NO X ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within NAME OF remove corbon First Middle Lost 4. DATE Month OF DEATH DECEASED ma 196 Ylorwood 20 (Type or print) IF UNDER 1 YEAR DATE OF BIRTH AGE (In veors IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) 7/29/1897 Months WIDOWED DIVORCED puo 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10d. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY \_\_\_ COUNTRY? pleose 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** Address (Yes no or unknown) (If yes give wor or dotes of service) cremotion, INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been os the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO be retoined by the hospitol or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work . 19 67, that (1) (we) lost 21. I certify that (1) this hospital) attended the deceased from. 1967, to 5-20 -24 director, page 3 should shauld be filed with the 1967 and that death occurred of My from couses and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2513 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) May 23, 1967 Burtonsville Burtonsville, Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Francis H. Barber Laytons ville, Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH

07160	CERTIFICATE	OF DEATH		7139
PLACE OF DEATH  o. COUNTY  Prince Georges	MARYLAND	o. STATE Maryland		e Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporote limits, write RURAL o	and give nearest town)
Cheverly	1 hr 30 m	Mt. Rain:	ler	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,  Prince Georges General H		d. STREET ADDRESS  3615 East	e. IS RESIDENCE ON A FARM? YES NO	
NAME OF First DECEASED (Type or print) Minnie	Middle		DATE Month OF DEATH May	Doy Year 23 19 67
. SEX 6. COLOR DR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HR
Female White WIDOWED	DIVORCED	11 Oct., 1915		onths Doys Hours Min.
00. USUAL OCCUPATIDN (Give kind of work done 10b. K uring most of working life, even if retired)	CIND DE BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Sto Wash , D . (	rte, or foreign country)	12. CITIZEN OF WHAT COUNTRY?S A
Housewife 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Theodore Cameron		Susan Gre		
S WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Yes, no, or unknown) (If yes give wor or dotes of service)	M	Thos. J.	Brien (abo	ve address)
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HOUTE Pu	LMONARY	(Hysband) Edem A	INTERVAL BETWEEN ONSET AND DEATH
4301 DUE TO	1.	1	Tions	
Conditions, if ony, which gove nise to immediate couse (o), station the underlying couse	Teniosecenon	- 11	Disease	3 hrs
Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TENIO SCLEMENT TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	Disense	2 h ≥ 5  4 y ≥ 5  19. WAS AUTOPSY PERFORMED?  YES NO P
Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING— OR CONTRIBUTING—CAUSE OF DEATH OF FITHER NOTIFY MEDICAL EXAMINER)	TENIO SCLEMENT TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(o)	PERFORMED?
Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING CORRESPONDED CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTI	TENIOSELEMENT TO DEATH BUT NOT RELATED TO THE STATE OF MELLE ESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CONDITI THE TERMINAL DISEASE CONDITI THE TERMINAL DISEASE CONDITI THE TERMINAL DISEASE CONDITI (Enter noture of injury in Port CE OF INJURY (Home, form, ory, street, office bldg., etc.)	ON GIVEN IN PART I(o)  I or Port II of item 18.)  20f. (City or town)	PERFORMED?
Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING CORRESPONDED CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTI	TO DEATH BUT NOT RELATED TO TO THE SCRIBE HOW INJURY OCCURRED.  INJURY OCCURRED 20e. PLANT OF While of Work 10	THE TERMINAL DISEASE CONDITION TO U.S. (Enter noture of injury in Port CE OF INJURY (Home, form, ory, street, office bldg., etc.)	ON GIVEN IN PART 1(o)  I or Port II of item 18.)  20f. (City or town)	(County) (Stote)
Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING 1  ACCIDENT WAS UNDERLYING 2  200. ACCIDENT WAS UNDERLYING 2  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  21. I certify that (I) (this haspital) atter saw the deceased alive on 2  220. SIGNATURE	TO DEATH BUT NOT RELATED TO TO THE SCRIBE HOW INJURY OCCURRED.  INJURY OCCURRED 20e. PLANT OF While of Work 10	THE TERMINAL DISEASE CONDITION OF THE TE	ON GIVEN IN PART I(o)  I or Port II of item 18.)  20f. (City or town)	PERFORMED? YES NO
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Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 2 OR CONTRIBUTING 1 OR CONTRIBUTI	TO DEATH BUT NOT RELATED TO TO DEATH BUT NOT RELATED TO TO DEATH BUT NOT RELATED TO TO DESCRIBE HOW INJURY OCCURRED.  INJURY OCCURRED 20e. PLANER OF ONE OF THE NOT WORK IN TO THE NOT WORK IN TO THE NOT WORK IN THE NOTION OF TH	THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CREMATORY	ON GIVEN IN PART I(o)  I or Port II of item 18.)  20f. (City or town)  Co., ta 3/2-3  M, fram causes and STAFF  COTOR PHYS.   23d. LOCATION (City or Town)	(County) (Stote)  PERFORMED? YES NO (Stote)  (Stote)  (Stote)  A that (I) (we) If an the date stated abard 22b. DATE SIGNED  (County) (Stote)
Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING 1 (PETHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 of woil while saw the deceased dive on 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) 1 (1) (this haspital) atters as we the deceased dive on 220. SIGNATURE)  22c. PHYSICIAN'S NAME (Type) 1 (1) (This haspital) (Type) 1 (2) (Type) 1 (3) (Type) 1 (4) (Type) 1	TO DEATH BUT NOT RELATED TO TO DEATH BUT NOT RELATED TO TO DESCRIBE HOW INJURY OCCURRED.  INJURY OCCURRED 200. PLANFOCK OF OCCURRED AND TO WORK OF TO TOWN OF THE PROPERTY OF	THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CREMATORY	ON GIVEN IN PART 1(0)  I or Port II of item 18.)  20f. (City or town)  Correct STAFF PHYS.   23d. LOCATION (City or Town)  Colman Manol	(County) (Stote)  PERFORMED? YES NO ( (County) (Stote)  An the date stated about 22b. DATE SIGNED  (County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban movers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 77 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 20 M 1/66 WRPHY FUNERAL Home

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So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

007 Williams

- 1-10 - M. M. - 10 - 10 - 1-1

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1	DIVISION OF STATISTIC	MARYLAND STATE DEP AL RESEARCH AND RECORDS, CERTIFICATE		
NA	1. PLACE OF DEATH	2	. USUAL RESIDENCE	(Where decease

8	301 W	DESTON	STREET	BALTIMORE	1	MARY	LAN	ы
		DEATH	JIRLLI,	DABIIMORE	.,	07		
11 0	******		DAG	and line of 16 leasts at		D	h . f	-

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If Institution: Res	idence before edmissid
Prince Georges MARYLAND	o. STATE Md. b. COUNTY Dore	hester
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	rive neerest town)
write RURAL end give nearest town)		
Bowie, Md. 6 weeks	Hurlock, Md. RFD.	69.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
residence	none	YES X NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer
(Type or print) Verna M. Parks	DEATH May 5, I96	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YI lest birthday)  Months Da	
male white WIDOWED DIVORCED	Jan. 29, 1903 64 yrs. Months	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY		EN OF WHAT COUNTRY?
done during most of working life, even if retired)	Blande, Va. USA	
housewife none	Blande, Va. USA	•
Robert S. Venable  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. EL	Lula M. Lmabert	-
(Yes, no, or unkown) (Ifyes give we ror dates of service)		
	wis M. Parks Bowie, Md.	TH. 15
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTÉRVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PREUMONIA		2 days
156/ DUE TO		
an wat name of	liver	Al man
geve rise to immediate cause	11101	42 yrs
(a), steting the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
3 I diabetes mellitus 2 hyper	tension	YES NO
T diabetes mellitus 2 hyper  20b. Accident was underlying of death of the contribution of contributing of course of death (if either, notify medical examiner)	(Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 2Df. (City or town) (County	y) (Stete)
The same	ory, street, office bldg., etc.)	
	AITEICH EIFICH	
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on $5/4/6.7$	death occured and, from the causes and on the	e date stated above.
22e GIGNATURE	ATTENDING MED. STAFF PHYS. PHYS. PHYS.	22b. DATE SIGNED,
22c. PHYSICIAN'S	22d, ADDRESS	
NAME TYPE		
1 /em///////	OD CREWATORY	A Charles A
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMPTERY C		(State)
burial 5/8/67 Concord Cer	m. Federalsburg, Ma	RED
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	254. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	SNATURE
Warrela T - mornelly by source &	rung mid out AY 11 1967 personles	Judge

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reign letter, and mitte

delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm P TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	Udit	Ó	MEDI	CAL EXAMINE	R'S CER	TIFICATE (	OF DEATH		0.1	TH
	PLACE OF DEATH		We will be a second of the sec				(Where deceased live		Residence befor	e. IS RESIDENCE ON A FARM? YES NO DOY YEAR IF UNDER 24 HRS DOYS HOURS MIN.  IZEN OF WHAT JNIRY? S A  INTERVAL BETWEEN ONSET AND DEATH MINUTES OVER 2 YPS.
	o. COUNTY	nce George	e	MARYLAN		state ryland			Gaonge	le
	b. CITY OR TOWN	(If outside corporate limit	is,	c. LENGTH OF STAY IN 18	c. CI	Y OR TOWN (If o	utside corporate limit	recosed lived, if institution: Residence before od b. (OUNTY Prince George !s porote limits, write RURAL and give nearest took ts    Ce	t town)	
	Cheverl	TH  PINCE George S  IN (If outside corporate limits, ond give neorest town)  1 y  SPITAL OR INSTITUTION (If not in hospital, George General Hospital, Or Institution)  6. COLOR OR RACE  White  THOM (Give kind of work done king life, even if retired)  FIR  PARMA  OF VERTINUS. ARMED FORCES?  VII) (If yes give wor or dotes of service)  OF DEATH (Enter only one couse per line for DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (o) Hear  ONLY, which gove dide couse (o), nderlying couse  R SIGNIFICANT CONDITIONS CONTRIBUTING  IL CAUSE WAS  TONTRIBUTING  TH.  INJURY Month, Doy, Yeor  20d. 1		DOA	C.	pitol H	oi ahta		16-1	
			ot in hospital, g		d. ST	REET ADDRESS	eTRIIP	,	T	give neorest town)    e. IS RESIDENCE ON A FARM? YES NO   2
	Prince C	congo Conor	nol Hoer	ital	75	28 62nd.	Place			
3.	NAME OF			Middle	11174	Lost	4. DATE	Month	Doy	E IS RESIDENCE ON A FARM? YES NO Year 1967 IF UNDER 24 HRS Hours Min. F WHAT A  E  ERVAL BETWEEN SET AND DEATH SET
	DECEASED (Type or print)	DIISA	N	E.	P	ARMA	OF DEATH	5	11	1967
	SEX			NEVER MARRIED		OF BIRTH	9. AGE		F UNDER 1 YEAR	IF UNDER 24 HR
	Male	White		DIVORCED	T 2 T	an. 1890			Months Doys	Hours Mir
1Do	USUAL OCCUPATIO	N (Give kind of work done	IDb. KIN	ID OF BUSINESS OR			e or foreign country)	' '		
duri	ng most of working	g life, even if retired) Q		OUSTRY TIRED	C	ZECKOSI	LOVAKTA		COUNTRY?	A
13.	FATHER'S NAME	.)	1,100	111111		AOTHER'S MAIDEN				**
	TOUADI	DARMA				BETTY	NEUMAN			Test town)  Is residence on a farm?  Is no 2  Year 1967  If UNDER 24 HR: Hours Min.  WHAT  A  E  RVAL BETWEEN ET AND DEATH  ULES  2 yrs.  (Stote)  in my opinic  2. DATE SIGNER  (Stote)  C;
	WAS DECEASED EV	ER IN U.S ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. INFORM		IV DOI III.	Address		
(Ye	s, no, or unknown) NO	(If yes give wor or dotes	of service) 36	0 26 0972	TTRT	PARMA	1528 6	2nd Pl	LACE S	E
		ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Heart TO Arter		heart	diseas	e		ON mir	SET AND DEATH
	rise to immedia stating the unde last.	te couse (o), erlying couse	(c)							
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT NOT RELATED	O TO THE TER	MINAL DISEASE CO	INDITION GIVEN IN P	ART 1(o)		PERFORMED?
L CERTIFICATION	2Do. EXTERNAL C PRIMARY ☐ or CC CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter r	oture of injury in	Port I or Port II of i	tem 18.)		
MEDICAL	Hour o.		2Dd. IN While ot work	Not While		NJURY (Home, for et, office bldg., etc		or town)	(County)	(Stote)
١.,	21. I certi	fy that I taok charg	e of the rem	ains described abav	e, held an	Autapsy,	Inspection X	], Inquiry	and	in my opini
	death resu	Ited fram: Natur	al causes 🕱	Accident,	Suicide [	, Hamicide	Undeter	mined mon	ner 🗌	
	ACTUAL	1/	K 1	1		CHIEF MEDICAL	L EXAMINER			
	SIGNATURE	Halm	100	77	M.D.		DICAL EXAMINER			22. DATE SIGN
	EXAMINER'S NAME (Type)	John Kehoe,		Riverdale,		Address (Stree	AL EXAMINER to cour	ity)	5-	-12-67
230	BURIAL, CREMATI		EREOF	23c. NAME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATION		(County	) (Stote)
-	REMATA		3 1967	LEES CR	EMATO	RY		NGTON	D	
24	FUNERAL DIRECT	OR	, ,,,,	ADDRESS		2So. REC	D BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATUR	RE

1967

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH Prince George o. COUNTY o. STATE b. COUNTY PRINCE GEORGES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) FOR estuille e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X Middle 4. DATE 3. NAME OF Year: DECEASED teRSON DEATH 16 19 6 Dewi (Type or print) B. DATE OF BIRTH AGE (In veor IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED piethdoy) Hours X 6-3 DIVORCED WIDOWED CAU 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **INDUSTRY** Gov't WORK 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME OY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH cardine arrest IMMEDIATE CAUSE (o) DUE TO atherosclerone heart disense Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse HZD TEMIL 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO L 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour 'o.m. Not While at work ot work 21. I certify that (I) (this hospital) attended the deceased fram 2 1967 , to 16 mm and that death accurred at 20 AM. saw the deceased alive an\_ 15 may fram causes and an the date stated above. 16 May 6 22b. DATE SIGNED 220. SIGNATURE STAFF ATTENDING Lobert PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Canoliton et NAME (Type) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) RIGISTAR196725b.

DATE

within 24 hours after death filled in papers. thin 72 ha and completely fi that the death certificate be executed physician c and i crematian, ar removal, attending p the signed by the burial-transit p burial, cremati s certificate has been s far use as the t f Health priar ta b attending be retained by the haspital ar OR ATTENDING PHYSICIAN: detached for Dept. af I State Dept. **DIRECTOR:** After this pe directar, page 3 shauld should be filed with the TO FUNERAL

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97165 CERTIFICATE OF DEATH

	PLACE OF DEATH  O. COUNTY  Prince Georges  M.				2. USUAL RESIDENCE	(Where dec			ice before	odmission)
Prince	Georges		MARYL	AND	o. STATE Maryland		b. COU	e Geor	rges	
b. CITY OR TO	NN (If autside corporate limit	5,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o					town)
Chever	L and give nearest tawn)		14 day	S	Hvattsvi	111e			16.1	
d. NAME OF HO	SPITAL OR INSTITUTION (If no	ot in hospital, giv			d. STREET ADDRESS				е.	IS RESIDENCE
Prince	Georges Gene	ral HOsp	ital		6931 All	ison	St.		YE	ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DAT	E Moi	nth	Doy	Year
(Type or print)	M:	ilton	T.	Pa	terson	OF DEA	тн Ма	av	4.	19 6 7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER 24 HRS.
Male	White	WIDOWED [	DIVORCED		6/2/01		lost birthdoy) 65 yrs.	Months	Doys	Hours Min.
10o. USUAL OCCUPA	ATION (Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, o	r foreign country)	12. CI	TIZEN OF V	WHAT
during most of wor	king life, even if retired)  FITTER	INDU	ISTRY		TENI	V.		(0	OUNTRY?	
13. FATHER'S NA					14. MOTHER'S MAIDEN	NAME				
NAL	IER PATTE	RSON		X 10	BLANGH	R -	HORNBUI	3 G		
1S. WAS DECEASE	D EVER IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. IN	FORMANT		Add	ress	- 64	o.H.a
(Yes, no, or unkno	wn) (If yes give wor or dates o	of service) -57	7-09-9711	FLO	FORMANT RENCE HA	PATTE	RSON	SAM	EAS	245
1B. CAUSE C	OF DEATH (Enter only one cou	se per line for (o	), (b), opd (c).)	+ 1	0 1	7	\			VAL BETWEEN
PART 1.	DEATH WAS CAUSED BY:  IMMEDIATE CAUSE	(a) M1	0/00/6	Ac	6 Ach	1111)	Cancil	NOUS.	ONSE	T AND DEATH
153	3 9 DUE	110	A CO	- 7		- 2	,	A		
	ony, which gove	(b) Ti	Acola.	· Co.	X 060	dre	11/11/25	1		
	diote couse (o), (			4.4.	1	-		1		
last.	underlying couse	(c) /M	loster	in	1	1/1/	1140 .		100	
PART II OTH	ER SIGNIFICANT CONDITIONS C	La la	DEATH BUT NOT RELA	TED TO TH	IF TERMINAL DISEASE CO	ONDITION O	IVEN IN PART I(0)		19. V	VAS AUTOPSY
NOI	en stotti tenti tento il otto il otto	ORTRIDOTING TO	DET HOT KEST	10 10 11	it tentime bijenje co		river by tract s(o)		PI	PERFORMED?
CERTIFICATION ON CONTRIBU	T WAS UNDERLYING □	Tanh Descri	DIDE NOW WILLDA OCC	TIDDED /	nter noture of injury in	Dort Los	Dark II of itom 1D \		162	NO XX
OR CONTRIBU	TING CAUSE OF DEATH	200. DESC	KIDE HOW INJURY OCC	LUKKED. (I	iller liotore of liftory if	1 7011 1 01	roll il ol lielli ib.)			
	TIFY MEDICAL EXAMINER)	001 100	JRY OCCURRED 1	00 0115	OF INUINV ()	1 00	f. (City or town)	15-		(5) -1 3
20c. TIME OF	iNJURY Month, Doy, Year r'o.m.	While r	Not While		OF INJURY (Home, far y, street, office bldg., etc		f. (City or town)	(co	unty)	(Stote)
	p.m. 19	ot work L	at work							
21. I c	ertify that (I) (thisches	airol) attende	d the deceased fi	ram	Nov.	19 66-	to May 4	, 19.	57, that	t (I) (men last
	e deceased alive an	May 4,	19 <u>_6</u> /, ar	nd that	death accurred o		* **			
220. SIGNAT	URE	110	C. n.		ATTENDING -	MED.P M			ATE SIGNED	
	0	Soi	IN.	) M.D.	PHYS. 22d. ADDRESS	DIRECTOR	PHYS. L	□   May	5, 1	1967
22c. PHYSIC NAME (		ah aksi an	MD			down	Road, Ch	0270 = 1.	. Max	mal and
	on diffication of									
230. BURIAL, CREI			23c. NAME OF CEMET				LOCATION (City or T		(County)	(Stote)
BUNTA	13-0-1	967	FORT LIN	COL			ADENSB		MA	RYLAND
24. FUNERAL DIR	CHAMBERC 1	= 12.	ADDRESS IERBALE	1 A	2So. REC	D BY REG	1 1007	REGISTRAR'S S		
1/1/1/1/	NIAMKISKY	OU TY /	MINICOLLE	. / \/ \	1.2 Entre M	A V	T TULLT	UILLOS	W Ba V	ARMINE.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any been; within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07166 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George Prince George Marvland MARYLAND b. CITY OR TOWN (If autside carporate limits, the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Cheverly Hvattsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .⊆ Puppe hin 7 Prince George Hospital 5802 Greenleaf YES NO 3. NAME OF 4. DATE Middle completely 1960 DECEASED (Type or print) DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths Hours 1/26/1896 White Female WIDOWED TX DIVORCED and 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired)
Housewife INDUSTRY COUNTRY? attending physician ( ermit. Then please and Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, George Christ Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) William earce crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AY HEYIOSC IMMEDIATE CAUSE (o) þ DUE TO 10avs burial Canditians, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Manth, Dov. Year 2Dd. INJURY OCCURRED (City or town) (Caunty) (State) Hour o.m. Not While foctory, street, affice bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram\_ ann retained and that death accurred at 725 from cases and on the date stored above. saw the deceased alive an 220. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. be filed ADDRESS O HOSPITAL NAME (Type) directar, should b 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Ft Myer, Va Arlington 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

TITES TANKED TO THE PROPERTY OF THE PARTY OF The state of the s YAM 3 TUPAS Leonard Saksonii And the accordance of the state 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and/cognistely filled in by the thread director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06104	Ttom #8	Film #0	1388UEKHIFAU	ALE UF I	DEATH			371	46	
1.	PLACE OF DEAT						(Where deceased lived, If b. CO		Residence	before a	dmission)
	Prince			MARYLAN	11				2000		
	write RURA	VN (if outside corpora L and give nearest tow	te limits, (n)	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (If ou	Prince tside corporate limits,	write RURAL	and glv	e neare:	st town)
	Cheverl			17 days	Hyat	teville	P		16.1		
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In I	ospital, give street addre	ess) d. STREET	ADDRESS			0.	IS RES	IDENCE FARM?
	Prince	Georges Gen	eral H	ospital	7612	Fonta	inbleau Driv				NO
3.	NAME OF	Fi	rst	Middle	Las		4. DATE Mo		Day	Ye	ar
	(Type or print)	An	nie	J.	Penn		DF DEATH		1.7	19	-
5.	SEX	6. COLOR OR RACE	7 MADDIED	NEVER MARRIED	1 8. DATE/OF	BISTH	9. AGE (In year	STIFTINDER	1 YEAR II		
						8796	Jast birthday	) Months	Days	Hours	Min.
	Female	White	WIDOWED		8/1.58/		71 / yrs.				
10a	I. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b.	(IND OF BUSINESS OR NDUSTRY	11. BIRT	HPLACE (Coun	ity & State, or foreign coun	try) 12. C	ITIZEN C	F WHAT	
,	Housew		u)	MDOSIKI	Ma	rylan	d	U.	OUNTRY:		
13.	FATHER'S NAM				The second second	IER'S MAIDEN			-		
15	Tail	T Talana				1000		7714	1		
4.5		s J. Johns					. WXXXXXXX		ker	son	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO	f coverien)		17. INFORMANT		1,1,0	ress			
	NO	(If yes give war or dates o	57	8-20-6797	Mrs Cl	are J	. Weger-da	ughte	r		
	18. CAUSE OF	DEATH [Enter only on	e cause per	ine for (a), (b), and (c).]						VAL BE	TWEEN
		EATH WAS CAUSED BY		(a), (b), and (c). 1		0	,	1 +	ONSE	T AND	DEATH
		IMMEDIATE CAUSE	(a)	cretical	Dosc	ular	- acces	Lun	1	100	1 ans
	331X DUE TO										
	Conditions If any which \										
	gave rise to immediate									-	
	cause (a), s	stating the [	10								
Z	underlying cau		(c)								
CERTIFICATION	PARTII. OTHER	SIGNIFICANI CONDITIO	ONS CONTRIB	UTING TO DEATH BUT NOT I	RELATED TO THE 1	TERMINAL DIS	EASE CONDITION GIVEN	N PART 1(a)		WAS AU PERFOR	
	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY O	OCCURRED. (Ente	r nature of In	lury In Part I or Part II	of Item 18		A.A.	
H	OR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEA TIFY MEDICAL EXAMI	TH		(2		,,		**		
5		INJURY Month, Day,			PLACE OF INJUR	Y (Home, farm	, 20f. (City or town)	(Co	unty)	(5	tate)
MEDICAL	Hour a.	m. 19	While at wor	MOT WILLS	actory, su eet, on	irea Diug., etc.,	,				
-				ed the deceased from	April 2	4 15	7 to May 11	196.7	7 tha	et (I) (v	ve) last
				1967, and							
	22a. SIGNATU	IRE -	,				The state of the s		ATE SIG		44014
		1700		m	M.D. ATTENDI	NG ME	D. STAFF PHYS.		12		5.7
	22c. PHYSICL				22d. A	DDRESS		- Hay	,		-
	NAME (T	Frederic	ck E. M	lusser, M.D.	441	0-74th	Ave. Hyatts	ville.	Md.		
23a	BUDIAL CDEA									/01	040)
	DEMOVAL /Cm	ecify)		23c. NAME OF CEME			23d. LOCATION (City,		unty)	(SI	ate)
	burial	D-T3-	67	Cedar Hil	1 Cemet		Suitland,				
24.	FUNERAL DIR	ECTOR	0 /+1	ADDRESS			BY REGISTRAR   25b.	REGISTRAR			
L	eeruner	ral Home 30	K-B-C	.Stoloz.		DATE	15 1967	Clar	las of	udg	٤.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femous, carbon papers. Pages A and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 7168

CERTIFICATE OF

WARYLAND 07147 DEATH

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE	CE (Where deceased liv		esidence before a	dmission)			
	Prince Georges MARYLAND	a. STATE Marvland		b. COUNTY Prince Geo	2000	- "			
	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If				st town)			
	Cheverly 2 days	New Carro	11ton		16.1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS			e. IS RES	SIDENCE			
	Prince Connect Cononel Henrital	7612 E	tainbleau	Ded and		FARM?			
=	Prince Georges General Hospital  NAME OF First Middle			Month					
3.	DECEASED	Last	4. DATE OF						
-	(Type or print) Clarence M.	Penn	DEATH	May 8		67			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (	In years   IF UNDER : Irthday)   Months	Days Hours	Min.			
		12/3/94	72	yrs.					
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (C	ounty & State, or forei	gn country)   12, Cl	TIZEN OF WHAT	T			
u u	Inspector  Inspector  Inspector  D.C. Gov't	Virgin	nia		J.S.A.				
13	B. FATHER'S NAME	14. MOTHER'S MAIL							
	Jesse Penn	Mary Ell	len Hardy	7					
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Len maray	Address					
(Y	es, no, or unkown) (If yes give war or dates of service)								
=		Hospital 1	records						
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrel U soul or account 2 day								
	331X DUE TO 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Conditions, if any, which   thrombosis of he werebrat pulling a humbolintalism								
	gave rise to immediate								
	vadov (a), stating the								
S									
ATI	Dulmonary thrombo-emboli-bilaters YES NO								
Ē	1/000	IDDED (Enter nature of	f Injury In Part I or	Part II of Itam 18		140			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUON OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RKED. (Eliter liature o	i injusty in Pate i or	Fatt II Of Item 10.	,				
N.		CE DF INJURY (Home, fa	arm,   20f. (City or	town) (Cou	inty) (	State)			
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., e	etc.)						
E	p.m. 19 at work at work	1,/		1001	-				
	21. I certify that (I) (this hospital) attended the deceased from 5 (196), to 5 (196), that (I) (we) last saw the deceased alive pp. 1962, and that death occurred at 200M, from the causes and on the date stated above.								
		death occurred at	P.M. from the			d above.			
	22a. SIGNATURE	ATTENDING	MED		ATT SIGNED	-			
	18 Musser M.D	ATTENDING PHYS.	MED. STA		18/6	1			
	22c. PHYSICIAN'S E A	22d. ADDRESS		1/	1	70.			
	NAME(Type) FF MUSSEV	4410	14 am	Hy a	More	MA			
	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	inty) (S	tate)			
	Bufffayl (Specify) 5/11/67 Cedar Hill	Cem.	Suit1	and, Md.					
20	4 FUNERAL DIRECTOR ADDRESS	I 25a. RF	C'D BY REGISTRAR						
Ī	ee Funeral Home 300-4th St. N.E.W.	ash.		Clarle		1			
		D.C. DATE A	Y 1 1 1967	y ware	A Heccanin	all.			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07163

CERTIFICATE OF DEATH

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		PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceosed lived, if institution	: Residence befai	re odmission)		
	(	o. COUNTY	and Co MARYLAND	o. STATE	b. COUNTY	4	a.		
	-	D. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	cornorate limits write PIIPAI	and give negree	st town)		
		write RURAL and give nearest tawn)	2 Nays	C. CITY OK TOWN (II OUTSIDE I	Jupulate Illinis, write Kokal	ond give neuro	SI IOWII)		
		Clirton	Lar	Distucant	Dance	777:2. ((	Mulos		
	,	L-NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)/	d. STREET ADDRESS	CXE	14 Hill	e. IS RESIDENCE ON A FARM?		
	1	incercer Gardens	thatthe Center	5640 alice	Arice	mDi	YES NO 🗵		
		NAME OF First	Middle		DATE Month	Doy	y Year		
	(	Type ar print)	IA	PLACOS	DEATH 5	10	1967		
	S. S	SEX / 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	8. DATE OF BIRTH		F UNDER 1 YEAR	IF UNDER 24 HRS.		
		T 70 W	IDOWED DIVORCED	9-22-1898	( last birthday) A	Manths Days	Haurs Min.		
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & Stat	e, ar fareign country)	12. CITIZEN OF WHAT			
	duri	ng most of working life, even if retired)	INDUSTRY	GOUNTRY?					
	13.	FATHER'S NAME	a contract	14. MOTHER'S MAIDEN NAME	• •		21.0		
		J. h		2 11.0					
	10	WAS DESTACED THEN IN IS ADMED FORCES	THE SOCIAL SECURITY NO. 177	Heren					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates af service)  17. INFORMANT				INFORMANT	Address				
		710	You	my Slaces De	51 )- 5640	alex			
		18. CAUSE OF DEATH (Enter only one cause per	r line far (o), (b), and (c).)		2.7		TERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANALISTA CAUSE (b) CONTRACTOR CONTRACT					ON	NSET AND DEATH		
		451 X DUE TO DUE TO							
		Conditions if any which was a					30 12 10-		
		rise to immediate cause (a),	Carried and	A MARCON S			-		
		stating the underlying cause		1					
		last. (c)							
0	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?		
2	Ä					Y	YES NO		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I	ar Part II of item 18.)				
	E	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	¥	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)		
	MEDICAL	Haur a.m.	While Nat While fact	tary, street, office bldg., etc.)	zoi. (eny or torn)	(00,,)	(5,0,0)		
	-	p.m. 19	at wark 🔲 at work			1			
		21. I certify that (I) (this haspital)		2 - 4 , 196			hat (I) (we) last		
	-1	saw the deceased alive an 5 - 101967, and that death accurred at 7 9 M, fram causes and an the date stated above.							
		22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED							
		(llfred &	Mapin M.	D. PHYS. DIREC	TOR PHYS.				
		22c. PHYSICIAN'S // 22d. ADDRESS							
		NAME (Type)	EL R. LAPININ	11 12/1	150 MM	)			
-	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 1 2	3d. LOCATION (City or Tawn)	) (Caunty	y) (State)		
	200.	REMOVAL (Specify)					., , ,		
-	24	Burial May 12-67		tional Cemeter		TRAR'S SIGNATU			
	24.	FUNERAL DIRECTOR	7 Home ADDRESS	2Sa. REC'D BY R					
	-	- 177760760	1661/2000	NOTS CONTENTS	1 1967 200	willes (	udan		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicin and completely filled in by the fune all directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours ofter deat Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death and campletely filled in by the funeral remarke tarban papers. Pages I and nave event, within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest tawn) Maryland Park, Md IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 6512 C. St. YES NO. 3. NAME OF 4. DATE Lost Month Dov Year DECEASED may 1967 (Type or print) DEATH Months Doys S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Hours DIVORCED WIDOWED signed by the attending physician and burial-transit permit. Then please rem 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11/BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done = COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes,ng, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. INFORMANT crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO ed far use as the b . af Health priar to b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. at work pe 21. I certify that (1) (this haspital) attended the deceased fram 6-9 (~ 19 shauld and that death accurred at 11 35 A.M., from causes and an the date stated above. saw the deceased glive an 22b. DAJE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. agad 22d. ADDRESS director, po should be f Leon Ave "t Rainier, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 5.20.67 Fort Lincoln Cemetery Colmar Manor. 24. FUNERAL DIRECTOR **ADDRESS** Wash VR A15 (4) 20 M 1/66 Fineral Home 300.4th st

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

aurs Filled carbd campletely and in any and ar removal. cremation, the burial-transit ò signed burial, Page 4 may be retained by the haspital ar attending has been priar ta FUNERAL DIRECTOR: After this certificate director, page 3 shauld be filed v 0

within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince Georges o. STATE Maryland Prince Georges MARYLAND NN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CtTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and give nearest tawn) 2 days Cheverly Mt. Rainier OSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Georges General Hambital 3402 Bunker Hill 4. DATE Doy Last DEATH Clyde Puller 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Haurs Male White
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED 21 Dec. 1924 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? SELF\*EMPLOYED NORTH CAROLINA Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES R. PULLEY STELLA EATMON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Edmund St. (Yes, na, or unknawn) (If yes give war or dates of service 241-30-8140 Mrs. Faye K. Pulley NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour om factory, street, affice bldg., etc.) at wark 21. I certify that (this haspital) attended the deceased fram May 19. . 1967 to May 21 1967, that (XX) we) last 1967, and that death accurred at O. OOPM, fram causes and an the date stated above. saw the deceased glive an May 22a. SIGNATURE DATE/SIGNED ATTENDING DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial OA KWOOD 5-24-67 NORTH CAROLINA RALEIGH. 1739 Baltimore Ave. Hyattsville, Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07151 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's a. STATE b. COUNTY /Maryland Prince George's MARYLAND b. CITY ORLTOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write Cheve rive nearest town) 3 1/2 hrs. Landover d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince George's General Hospital 9109 Utica Place YES NO IX NAME OF Middle First 4. DATE Day Year DECEASED William Pumphrey (Type or print) DEATH Mav 19 67 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER F UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Male Cauc. 4-24-02 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? A Yard Wash., D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifford Pumphrey Alice Spencer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. 4011-0gle-Mrs. Edna M. Orr - thorpe St. Hy. Md Sister INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CIA NO HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Nat While ot work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at? saw the deceased alive an 5 M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. ADDRESS 22d. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) Cedar Hill Cem Suitland 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Rainier 250. REC'D BY REGISTRAR

Maryland

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral 72 hours after by the Pages .⊑ papers. filled i H remaye carbon campletely event and in any and ar removal. cremation. burial the haspital ar attending FUNERAL DIRECTOR: After this certificate has been priar ta ar use TO HOSPITAL OR ATTENDIN Page 4 may be retained by director, page 3 should be filed v 9

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	MAKILAND STATE DEPARTMENT OF REALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	212
0717	CERTIFICATE OF DEATH	9

	CE OF DEATH			Where deceased lived, if institution: R	esidence before odmission)
	OUNTY	MARYLAND	o. STATE	b. COUNTY	
b. (	Prince Georges ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	Anne Arun	nd give neorest town)
Ċ	Cheverly	7-1/2 days	Churchton		122
	IAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
P	rince Georges General H	ospital	Cape Anne		YES NO
	ME OF FREDERIC	K Middle	Lost	4. DATE Month	Doy Year
(Тур	pe or print) Fredrick	Н. Р	urschwitz	DEATH May	12 19 67
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF U	INDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED	DIVORCED	10/9/05	61 yrs.	inis boys nous min.
during	most of working life, even if retired) ECHALCIAN THER'S NAME	CIND OF BUSINESS OR NOUSTRY RIGCUTURAL DEPT U	14. MOTHER'S MAIDEN	W.S.I.W.	12. CITIZEN OF WHAT COUNTRY?
	HENRY PURSCHWIT	Z	ANNIB	RAU	
1S. W. (Yes, no	a as unknown) Iff was aire was as dates of consists		SALEE PU	RSCHWITZ SAN	AE AS#2
18	B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH
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sto las	oting the underlying couse ( 2) Leur	TE PENETRATING G	ASTRIC ULC	ER WITH HEMORRALA	IGE
ATION	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
<b>强</b> %	IO. ACCIDENT WAS UNDERLYING  R CONTRIBUTING  CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL 02	Oc. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. While of wo	e Not While for	ACE OF INJURY (Home, forn story, street, office bldg., etc.	n, 20f. (City or town)	(County) (Stote)
	21. I certify that (I) (**********************************	nded the deceased fram_ 121%7_, and the	May 3, at death accurred at	6.45 M, fram causes and	n 19 <u>6.7</u> , that (I) ( <u>wg</u> ) last on the date stated above.
	20. SIGNATURE Range	M	.D. ATTENDING PHYS.	MED. AM STAFF DIRECTOR PHYS. D	2b. DATE SIGNED  May 12, 1967
2	2c. PHYSICIAN'S NAME (Type)	. 75 7	22d. ADDRESS		34.1
	Robert B.G. Sas		R. F. D2150	Upper Marlhoro,	Md.
O R	URIAL, CREMATION, EMOVAL (Specify)  A P A A MAY 15,1967	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town) RM BLADENS BURG.	(County) (Stote)
	UNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE
W	W. CHAMBERS CO. R	IVERDALE, M	ARYLAND DATMA	Y 18 1967 Pelu	soles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician old completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exent, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after deoth.

Poge 4 may be retoined by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	TATE		06174	WED	ICAL EXAMINER'S	CERTIFICATE (	OF DEATH	UIL	<b>つ づ</b>
EALTH	DEPT.		PLACE OF DEATH				(Where deceosed lived, if		before admission)
2, and 3 to PM3. Page	4		Prince George's		MARYLAND	o. STATE Maryland	df	Prince Ge	orgels
d 3	Department 14		CITY OR TOWN (If outside corporate limits		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, w	rite RURAL and give T	nearest tawn)
an an	# 0/		write RURAL and give nearest tawn) Cheverly		eight hours	Forest I	Heights		16.1
` _	74 1900		I. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, g	ive street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
es l	9		Prince George's Ge	neral	Hospital	lll4 Hu	ron Drive		YES NO
This certificate should be executed within 24 hours after death. If ficate, writing the word "pending" in pencil in Item 18. Give Pages 1 be forworded to the Chief Medical Examiner's Office along with form	I stote		NAME OF First		Middle	Lost	4. DATE	Month	Doy Year
ve ve	‡		Type or print)  Jack	ie	William	Ray	OF DEATH	5	26 1967
Item 18. Give Pages 1, Office olong with form	pages 1 and 2 with the urs after death.	S.	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In y	rears IF UNDER 1 Y	YEAR IF UNDER 24 HE Doys Hours Mir
000	oth.		male white	WIDOWED	DIVORCED	4-4-32	lost birth		
tem Office	jes Tand2 v after deoth	1Do	USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12 CITIZ	EN OF WHAT
- L - L - L - L - L - L - L - L - L - L	es 1		ng most of working life, even if retired)		None	Indiana		Ŭ.	S.A.
ncil	pagi Jrs (	13.	FATHER'S NAME			14. MOTHER'S MAIDEN			
реп	hot	L	Grant Sherman Ray				. Carson		
word "pending" in pencil in the Chief Medicol Examiner's	uriol-tronsit permit. File pag any event within 72 hours	15. (Ye	was deceased ever in u.s. ARMED Forces? s, no or unknown) (If yes give wor or dotes of No	service) 16. S		NFORMANT		Address	
ling	erm					rant S. Ray	Same As #	2	
end f M	±i + o .w		18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
hie	buriol-tronsit any event		# IMMEDIATE CAUSE (c		ration of brai	n			Cite City
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d the	os a ond ir		storing the underlying couse						
icote, writing the be forworded to t	d o,		PART II. OTHER SIGNIFICANT CONDITIONS CO	UTDIDITING T	O DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CO	NUDITION CIVEN IN DART	1(a)	T 10 WAS ALITOPSY
W O	be used removal,	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NIKIBUIING I	- DEATH BUT NOT KELATED TO	ITTE TERMINAL DISEASE CO	MUTITON GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
icote, be fo	be pe	CERTIFICATION	2Do. EXTERNAL CAUSE WAS	I 20h DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part Lar Part II of item	18.)	YES NO
	should on, or r	CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				FOIL OF FOIL II OF HEAT	10.)	
should	your files. Page 3 should cremotion, or		2Dc. TIME OF INJURY Month, Doy, Yeor	2Dd IN	edestrian stru	CE OF INJURY (Home for	m 2Df. (City or to	own) (Count	ty) (Stote)
the	our 1 gge 3 emoti	MEDICAL	8:08am p.m. 5-26 196	7 While	JURY OCCURRED 2 2De. PLA  Not While X Balto	ary street, office bldg , etc	near Rte	1.95 P C	Md.
cute	Page cremo		21. I certify that I toak charge	of the ser	poins described above be	Id on Autonou	Increasion To	Inquiry V	ond in my opini
exe	DIRECTOR: to buriol, o		death resulted from: A Notural						ond in my opini
leose e director	pa pa		deall lessified from:	00363	Accident Lac. Solid	CHIEF MEDICAL		ied illomier	
pleose	DIRECT DIRECT or to bur		ACTUAL SIGNATURE	1-1	Toka	CM-D-ASSISTANT ME			22. DATE SIGNI
ry, eral	RAL RAL prio		EXAMINER'S	4	1-11		AL EXAMINER		5-28-67
necessary, p the funeral	TO FUNERAL DIRE. Health prior to b		NAME (Type) John Rehoe M.	D. Ri	verdale. Marv.	and Address (Stree	et, city, town, or county)		
necessary, please execute the certi the funeral director. Page 4 should	Hed Hed	230	BURIAL CREMATION / 23b DATE THER	EOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (Cit		ounty) (State)
	2				Cedar Hill			d Marylan	
VR AT	ISME (SOL)	24	FUNERAL DIRECTOR		5107ESS 11th	St. S.E 2So. REC	D BY REGISTRAR	2Sb. REGISTRAR'S SIG	NATURE
6M	1/67		W.W.Chambers, Co.	Inc.	vasnington, D.	C. DANU	N 1 1967	Miliante	Jan Jan

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OF DEATH

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1. PLACE OF DEATH			re deceosed lived, if institution: Res	sidence before odmission)
o. COUNTY PRINCE GEORGE	MARYLAND	o. STATE MARYLA	ND b. COUNTY PI	RINCE GEORGE
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give neorest town)
write RURAL and give nearest town)		RAIDENT I	EALLEY	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
5103 MARLBORO PIKE		6713 MUNSE	Y ST.	ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print)	Middle Elmae	Rose Cord 4.	DATE Month OF DEATH OF	Doy Year 23 1967
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years   IFUN	DER 1 YEAR   IF UNDER 24 HRS.
MALE CA. WIDOWED		APRIL 22,187	last birthdoy) Mont.	hs Doys Hours Min.
	CIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto		COUNTRY?
during most of working life, even if retired) Printer Sel	ndustry f-Employed	Virginia		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Mathew Rayford		Cather	ine Carr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	9-50-9334 Mrs	nformant 6.Elmer E. Ra	yford Pasaden	gewater Rd. a, Maryland
1B. CAUSE OF DEATH (Enter only one couse per line fo	r (o), (b), open (c).)	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARDINE			ONSET AND DEATH
4301 DUE TO	CAKDIAE AX	1. tani		
Conditions, if ony, which gove isse to immediate couse (a),	CHOINE MY	ng 198112		30 MIN
stoting the underlying couse DUE TO	ma int	1. P	Astrono	1. 11 (10
lost. (c) My	ochro141 m	Hicitres 2	cerry Attocosch	0014 7-576
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE ANT EMOS CLOSE	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRED.		I or Port II of item 18.)	
Hour o.m. While		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital) atten		4/18 ,196	to May 23	1967, that (I) (we) last
saw the deceased alive an May 2	1967, and that	death occurred at Le	O M, from couses and a	n the date stated obave
220. SIGNATURE	00	ATTENDING MED		DATE SIGNED
Chample.	llan M.C	). PHYS. LL DIR	ECTOR PHYS. D	13 may 67
22c. PHYSICIAN'S NAME (Type)	0 11.	22d. ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	Cullen		eriboro 8.KE	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify) 5-26-67	CEDAR HI		SUITLAND	MARYLAND
GASCH'S 1739 Baltimore	Ave. Hvattsvill	e Md 2So. REC'D BY		arlas Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours ofter deoth Page 4 moy be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 97176 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND INCE b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) days renTwood everLL e. IS RESIDENCE d. STREET ADDRESS NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress) ON A FARM? YES NO X NAME OF First Middle 4. DATE Month Year Last DECEASED (Type or print) 196 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Haurs Days 4-5-13 X DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Secretary Lynchhurg S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susie Roberts William Clarkson Address 3500-Dean Dr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Mrs.Barbara Holtze NO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), Daughter ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse WASAUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO

lost. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

Haur a.m.

23o. BURIAL CREMATION.

205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While Not While at work ot work

20e. PLACE OF INJURY (Hame, farm, (City or town) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that (1) (this haspital) attended the deceased from\_ Mal and that death accurred at 953PM, from causes and an the date stated above. saw the deceased alive on. 22g SIGNATURE 22b. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

22c. PHYSICIAN'S NAME (Type)

M.D. PHYS.

Cem

MED DIRECTOR

STAFF PHYS

22d. ADDRESS

23d. LOCATION (City or Town)

Colmar

(County) (Stote) Manor

REMOVAL (Specify) Lincoln 24. FUNERAL DIRECTOR Home Tnc. Marylan

23b. DATE THEREOF

2So. REC'D BY REGISTRAR DATE

2Sb. REGISTRAR'S SIGNATURE

The law requires that the death certificate be executed within 24 haurs after death campletely nave carbon remaye and in any pup lease physician c crematian, or remayal, attending physpermit. Then p signed by the burial-transit p burial, cremati physician. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending priar ta the has been OS etached far use Dept. of Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us State with the director, page 3 should be filed v 20 M 1/66

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hours

SEX

MEDICAL

filled in by the funeral

VR A15 (4)

# FOR STAT DEPT HEALTH

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O DEPUTY MED

5M

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within Datouys after death. AI5ME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7177 MEDICAL FXAMINER'S CERTIFICATE OF DEATH

-1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2200 F/0/	1/0 )	114 1 3 10
		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE	(Where deceased lived, If Institution	n: Residence before admission)
		FRINCE (SCORGES MARYLAND	a. STATEMON	b. COUNTY	Jes Sex
1		b. CWTY OR TDWN (If outside corporate limits.   C. LENGTH DE STAY IN 1b	c. CITY OR TOWN (If o	utoda corporate limits, write RU	RAL and giva nearast town)
	(	Wilta RURAL and give naarast town)	FALLAR	0	
	1	D NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	~	. IS RESIDENCE
	1	Political de distribution (il not in nospital, and street address)	PT n	1	ON A FARM?
	1	me xylores sheras	NILV	unpowder	MUL NO
		NAME OF First Middle	Last	4. DATE Month	Day Year
		(Typa or print) ALMA INEZ	1.105	DEATH MBY	22 1967
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (in years   IFUN	
		temale White WIDOWED DIVORCED TO	une30 19	722 Hast pirthday) Month	hs Days Hours Min.
	10a.	USUAL OCCUPATION (Giva kind of work done   10b. KIND OF BUSINESS OR	11. OBORTHPLACE IST		. CITIZEN OF WHAT
	Anth	ling most of working life, even if retired)    NDUSTRY	1808	nd md	COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	00 /0.
		William A. Price		Leasure .	
	15.		INFORMANT /	The Palegrase	
	(Yes	es, no, or unknown) (If yes give war or dates of service)		ILI DI	
		mo mo	ryand -	tate Pauce	
		18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	10 4	1	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Confusions	Totacer	alions	
		976X DUE TO a 6 6	U	1 t	7
		Conditions, if any, which	Lus	had d	noi
		gava rise to immediata cause (a), stating the DUE TO			
		undarlying cause last. (c)			
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART :	I(a) 19. WAS AUTOPSY
7	CATION	The Kal mental t	Joshnes	TP-TSUND	PERFORMED?
	E/10	20a. EXPERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCUP	RED. (Enter natura of i	Jury In Part I or Part II of Itam	
	CERTI	20a. EXYERNAL CAUSE WAS PRIMARY PLOY CONTRIBUTING ☐ CAUSE OF DEATH.	+ coll	-	
			as deep	m, 20f. (City or town)	(County) (State) /
	3	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLAC	E DF INJURY (Home farm y, street, office bldg., etc	i) lotty of town)	(State)
	MEDICAL	200 p.m. 5-22 196 / at work at work 2	me	17 aurel 1	All In
		21. I certify that I took charge of the remains described above, held	i an Autopsy 🔲,	Inspection Inquiry T	and in my opinion
		death resulted from: Natural causes , Accident , Suic	ide X, Homicide	Undetermined mann	ner 🗌
		2 / X 21 The	CHIEF MEDICAL	EXAMINER	5-22-6
		SIGNATURE Dantron O Walkerns	M.D. ASSISTANT MEDI	CAL EXAMINER C	22. DATE SIGNED
		STORAGON AS A A A A A A A A A A A A A A A A A A	DEPUTY MEDICAL	L EXAMINER TO 000	unnapoles 1
2		EXAMINER'S DEYTON U. WATRINS		city, town, or county Sleet	ensourg ms
	23a.	REMOVAL (Specify)	OR CREMATDRY	23d. LDCATION (City, town or	
1		BURIAL 5-26-67 Greenmount		Cumberland	Maryland
17	24.	FUNERAL DIRECTOR 1739 Baltimore Ave.	25a. REC'	D BY REGISTRAR   25b. REGISTI	RAR'S SIGNATURE
		GASCH'S Hyattsville, Maryland	MRIY DATE AY	26 1967 Ocho	relas Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07178 08634 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Prince Georges MARYLAND Maryland Prince Georges smpletely filled in by the ve carbon papers. Pages, event, within 72 hours of b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 12 min Seat Pleasent Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 7815 Valley Park Road Prince Georges General Hospital 3. NAME OF 4 DATE Doy DECEASED DEATH (Type or print) Richards 67 Girl S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE DF BIRTH **NEVER MARRIED** lost birthdoy) Months Doys Hours Min. and in ony WIDOWED DIVORCED White May 1967 12 Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland

14. MOTHER'S MAIDEN NAME

Sonja Marie U.S.A 13. FATHER'S NAME or removol, William E 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour 'o.m. the deceased from May 31, 1967, to May 31, 1967, that (I) (xxx) last 1967, and that death occurred at 1.40 AM from causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from May 31. saw the deceased alive on May 31. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS /22c. PHYSICIAN'S NAME (Type) 5813 Landover Rd. Cheverly, Maryland Joseph A. Murgalo, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Cre mation
24. FUNERAL DIRECTOR 6/10/67 Brince George's General Hosp., Cheverly PG Maryland ADDRESS 25h REGISTRAR'S SIGNATURE

completely pug ph buriol-transit os the prior to the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been Poge 4 moy be retained by director, poge should be filed VR A15 (4) 25M 1/67

Marry W. Pepn. Jr.

245096

Admin.,

Cheverly,

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

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State 1.67

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Popular A. Mirrald, M. D. . 1883 Levice C. Chrocker, A. Strander

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# director, death. Poge NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou D HOSPITAL OK Company of the contending physician. May be retained to aspital ar attending physician. D FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 togge 3 should be detached far use as the burial-transit permit. Then please remove carban pages 1. TO HOSPITAL OR AV may be retained if

VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

eg. Dist. No. 07157

			NO	g. Dist. 140.
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: R. nd b. COUNTY P	esidence before admission) rince George
b. CITY OR TOWN (If outside corporate limits, write Cottage City	IGTH OF STAY IN 16	c. CITY OR TOWN (If our Cottage Cit	tside corporote limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street oddress)  4 110 Cottage Terrace		d. STREET ADDRESS 4110 Cottag	e Terrace	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HAMILTON F	ROBERT	SAGO	4. DATE Month OF MAY	3, Yeor 67
6. COLOR OR RACE 7. MARRIED ₩ White WIDOWED		Dec. 16, 1890	fresh blook days	INDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
Machanical Engineer U.S.	Governent	Indiana	foreign country)	2. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME John Sago		Daisy O. G		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (19 Unit of the control o		formant drey F. Sago	Same as #2 (	wife)
18. CAUSE OF DEATH [Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  5 7 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO  (c)	to Pu	l. Efon phousant frontlis	ia Lis	INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN		N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED 20e. PLAC foctors	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State
ACTUAL SIGNATURE SEGNATURE	, and that death o	0.3717-38 Cossage	A, fram the causes and a popress (street, city or town, stote of the causes)	5-36
Brency 15/8/67	Ft. Lincoln		2d. LOCATION (fity, town, or col Colmar Manor	P.G. Md.
23. FUNERAL DIRECTOR'S SIGNATURE  AN ARTHUR AND AN ARTHUR AND AN ARTHUR AND AN ARTHUR AND AN ARTHUR AND ARTHUR AND ARTHUR AND AND ARTHUR AND AR	sville, Md.	24a. REC'D		R'S SIGNATURE

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# FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delaying please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director 2 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A1SME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07158

80 MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
	80	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

	COUNTY  Prince	George's		MARYLAND								
	. CITY OR TOWN	if outside corporate lim 1 give neerest town)	its,	c. LENGTH OF STAY IN 11 D.O.A.	e. CITY (	,		rporata limits, write				vn)
	. NAME OF HOSPI	TAL OR INSTITUTION	(if not in ho	spitel, give street eddress)	d. STREE	T ADDRESS						ESIDENCE
	Prince Ge	orge's Gene	eral H	lospital	3307	Chillu	m Ros	ad 4				NO A
3.	NAME OF DECEASED	First		Middle	Last	1	4. DATE	Monti	1	Dey	Yaar	
	(Typa or print)	Charles		Clark S	awyers		OF DEAT	H May 20			16	7
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIR	тн		9. AGE (In years			IF UNDER	
Ma	le	White	WIDOWE	ED DIVORCED	January	3, 19	11	last birthdey) -55 56 yrs.	Months I	Do ys	Hours	Min.
10a	USUAL OCCUPAT	ION (Give kind of wor	k 10b. K	CIND OF BUSINESS OR INDUS	STRY 11. BIRTHP	LACE (Stata or	r foreign e	ountry)	12. CITI	ZEN O	WHAT C	OUNTRY?
	Butc		R	etired	Virg	inia			II.	S.A		
13.	FATHER'S NAME					'S MAIDEN NA	IAME					
	James 5	r. Sawyer	S		Ada	Phill	ips					
15. (Yes	WAS DECEASED EV	ER IN U.S. ARMED FOI	RCES?   16.	SOCIAL SECURITY NO. 17	INFORMANT			Address				
		orld War I	I 3"	72-16-2427 E	velyn Sa	wyers(	Wife)	Same a	s #2			
		The state of the s	cause per	line for (e), (b), end (c).]	0						ERVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	PU	KMONARY	EDEM	A				ON	SEI AND I	DEATH
	591X	DUE TO										- 1.117
	Conditions, if any	(-)		SUBACUTE	(From	ERUL	ONE	PHRITI	2			
	gave rise to immed (e), stating the u											
	eausa last.	(6)										
3	PART II. OTHE	SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEAS	E CONDITION GIV	EN IN PART	1(a)   15	. WAS A	UTOPSY
TY	Acu;	TE PSELL	SOME	MBRANDUS	TRACK	4817	75			1	-	RMED?
CERTIFICATION	20s. EXTERNAL CAPRIMARY OF CO	AUSE WAS		RIBE HOW INJURY OCCURRE				II of item 18.)			<i>a</i> k_1	
MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye	er 20d. While	Not While	LACE OF INJURY actory, streat, office		20f. (C	ity or town)	(Cour	nty)		(State)
		nat I took charge	of the rem	nains described above,	held an Autop	sy X , Ir	nspectio	n X, Inquir	y [X],	and	in my o	pinion
	death resulted	from: Natural co	auses	Accident . Su	icide . I	Homicide [	7. U	Indetermined in	anner			
		00	7		CHIE	F MEDICAL EX				20	196	7
	ACTUAL SIGNATURE	MASVIE	10)	Duer	M.D. ASSI	STANT MEDIC	AL EXAM	INER	ray		ATK SIG	
6	Y I	Cornelius S	I. Bum	ms. MD	DEPU	TY MEDICAL E	EXAMINER	K (Actin	g)			
	NAME (Type)	OOLHELLUS C	, , ,, ,,,		Addr	ess (Street, clt	ly, lown, c	or county) Chev	erly,	Mar	ylan	d
22a.	BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY	OR CREMATORY	2	22d. 10C	ATION (City, town	, or county)		(Stell	
	Burial	5/23/6	7	Baltimore 1				timore,				
23.	FUNERAL DIRECTO	R Nalley	S	ADDRESS T. Ra	inier,	2 AC'D				GNATU	RE	12 11
	Funeral	Home Inc	3.	Maryl	and	DATE	W 4. I	-	700	1 de	9	
23.	FUNERAL DIRECTO	R Nalley		ADDRESS T. Ra	inier,	2 M ASC'D		1967 <sup>246</sup>		GNATU	RE dec	

B' Carlon Dan T

n'ogiona son i . . . 0 . 0 2307 BELLISH North - 1 WII t  $-\frac{1}{2}$  of  $(0, -\frac{1}{2})$   $(0, -\frac{1}{2})$   $(0, -\frac{1}{2})$ 

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U.C. C.I. J. STYLILL

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #G389 6/12/67 pc GICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY vith the State Department of Maryland Prince George's c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest tawn) Prince George's MARYLAND delay b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 1b Cheverly DOA Camp Springs d. STREET ADDRESS d. NAME OF HDSPITAL OR INSTITUTION (If not in haspital, give street address) the certificote, writing the ward "pending" in pencil in Item 18. Give Poges 1, 3 4 should be forwarded to the Chief Medical Exominer's Office olong with form Prince George General Hospital 4504 Payne Drive within 24 hours ofter deoth. NAME OF 4. DATE DECEASED (Type or print) DEATH Alexander Sharper IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years 6. COLOR DR RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED & DIVORCED 9-19-1890 white Male poges lond 2, IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Retired Florest event within 72 hours after Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) Same As # 2 Emma Sharper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: a buriol-transit This certificate shauld be IMMEDIATE (AUSE (a) Gun shot wound of brain DHE TO Conditions, if any, which gave rise to immediate cause (a), \_= DUE TO stating the underlying cause SD be used PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, execute the certificote, 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should DICAL EXAMINER: CAUSE OF DEATH. Shot self in head with .35 cal. revolver 2De. PLACE OF INJURY (Hame, farm, 2Df. Springs. Md. (County) 2Dc. TIME OF INJURY Month, Day, Year while of work of work and of work of the bldg, etc.) Abandoned greenhouse, 6452 Lanham La., Camp Haur a.m. moy be retained for your FUNERAL DIRECTOR: Poge 7:30am p.m. 5-19-679 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection x, Inquiry X, the funeral director. death resulted from Notural couses 77 Accident 7. Suicide x. Homicide Undetermined manner 5 moy TO FUNERAL L. Health prior to b CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

22. DATE SIGNED DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar caunty) 5-19-67 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) Cedar Hill Cemetery 22 May 1967 Suitland, Prince Georges, Md 24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 25h BEGISTRAR'S SIGNATURE 4308 Suitland Road, Suitland, Maryland

07159

IS RESIDENCE DN A FARM?

YES NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTDPSY PERFORMED?

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12. CITIZEN OF WHAT COUNTRY 2 USA

VR A15ME (5) 6M 1/67

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bouls after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0718	2			CERTIFIC	CATE	OF DEATH	1			142	U	TO	U
1.	PLACE OF DEAT a. COUNTY						2. USUAL RESIDENCE a, STATE	CE (When	e deceased	lived, If in		Residence	before a	imission)
	Prince	Geor	ge		MARYL	LAND	Maryla			G	arre	tt		
		and give ne	corporate arest town	limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If		corporate	ilmits, wi	Ite RURA	L and glv	e neare:	st town)
	Greenb				4 mos.		Oaklan	ld_				10	, IS RES	IDENCE
					ospital, give street ac	ddress)	d. STREET ADDRESS						ON A	FARM?
	125 -	Hedge	wood	Drive	9		Route	1				1	ES 🗌	NOX
3.	NAME OF		Fir	st	Middle		Last	4. D/	ATE	Mont	h	Day	Ye	ar
	(Type or print)		Vi	rgie	E.		Shaver	DI	EATH	May		21	19	67
5.	SEX	6. COLOR	OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE	(in years birthday)	IF UNDE Months	R 1 YEAR	Hours	MIn.
Fe	male	Whi	te	WIDOWED	DIVORCED		5/14/1909		58	yrs.	Months	Days	Hours	WILLIA.
10:	. USUAL OCCUPA	TION (Give kin	d of work	lone 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & S	State, or for	eign country	y) 12. (	CITIZEN	OF WHAT	
uui	ring most of work Reti		i ii retired	Ga	NDUSTRY rment Mfg		Marylan	nd				.5		
13	. FATHER'S NAM			1 000.	2110110	1	14. MOTHER'S MAIL		1E					
	Harry	Upol	e				Maude	Lam	bert					
15	. WAS DECEASED			RCES?   16.	SOCIAL SECURITY NO.	. 17.	INFORMANT			Addre	SS AZ	3	Howl	0
(Y	es, no, or unkown)	(If yes give wa	ar or dates of	service)			orge Shave	ביר ב	A	a la				
-	No					1	7 - 1	71-	Ave	.,Ch	arle		RVAL BE	
					ine for (a), (b), and (c	).]	(Son)					ONS	ET AND	DEATH
	PART I. D	EATH WAS CA	TE CAUSE	(a) met	astalic	Car	cinoma					3	Mor	1 My
	170X		DUE	TO ( 1 A	A		1/2000	V				2		10
	Conditions, if		1	(b) CeVi	auona	2 0	o was	1				20	jua	is
1	gave rise to		DUE			//						(		
	cause (a), s underlying cau		1	(c)										
CERTIFICATION	PART II, OTHER	SIGNIFICANT	CONDITIO		UTING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL I	DISEASE	CONDITIO	N GIVEN II	PART 1(a	)  19.  YE	WAS AT PERFOR	
RTIFI	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDER	LYING D	20b.	DESCRIBE HOW INJUR	RY OCCU	RRED. (Enter nature o	f injury	in Part I	or Pert II	of Item 1	8.)		
	(IF EITHER, NO	TIFY MEDICA	AL EXAMIN	(ER)										
MEDICAL	20c. TIME OF	INJURY Mo	nth, Day,	Year   20d.	NJURY OCCURRED   2	20e. PLA	CE OF INJURY (Home, fa	arm, 2	Of. (City	or town)	(C	ounty)	(	State)
E E	Hour a.		10	While		Tacto	ry, street, office bldg., 6	etc.)						
Z		.m.	19	at wor		3	-22-67,	9	10-5-	-21	- 10	17 11	hat (1) (	we) last
				ital) attend	d the deceased fi	rom	death occurred at	OP	to	an course	and on	the dat	o ctato	d ahove
	saw the de	eceased aliv	e on	161	G 19, a	ing that	death occurred att		n, moni ti	ie causes		DATE SI		u above.
	ZZa. SIGNATO	tu	4.	The	ghes	M.D		MED. DIRECTO		TAFF HYS.	5	-2.	2-6	7
	22c, PHYSICI NAME (1	AN'S (/ Type)		<			22d. ADDRESS	214 Was	al -	K St	· B.	A.M.	Sui	te
23	a. BURIAL, CRE	MATION. 23	b. DATE 1	HEREOF	23c. NAME OF CE	EMETERY	OR CREMATORY		. LOCATI			ounty)	000	tete)
1	REMOVAL (SE		1011	CT					ееро					
24	Burial FUNERAL DIR	FCTOR ar	124/	07	Vanvert	II U	9 M • 1 25e. RE	C'D BY	REGISTRAL	2 25b. 1	REGISTRA	R'S SIGN	NATURE	
1		N a	lley	's Fu	neral Mt	· Ra	inier.	Vo		n on				
1_	Home In				Ma	ryle	and DATMA		5 196	1 /2	lion	UND X	010-01A	tire)

	07100		MEDICA	AL EXAMINER	'S CERTI	FICATE O	F DEA	TH		071	61
1.	PLACE OF DEATH				2 USUA	L RESIDENCE (W	Where deced	osed lived, if instit	tution: Residen	ce before od	(noissim
	o. COUNTY	Commela		MARYLANI	o. ST.			h (O			
	o. CITY OR TOWN (If outside	George's e corporote limits,		LENGTH OF STAY IN 1b				rote limits, write R			
	write RURAL and give ne			DOA	1	strict		)	6-1		/
_	Cheverly A NAME OF HOSPITAL OR IN	NSTITUTION (If not in				T ADDRESS	Hergi	105	9	e. IS	RESIDENCE I A FARM?
	Prince George	,	, ,	,			sict L	leights I	Danlara		A FARM?
	NAME OF	First		Middle		ost	4. DATE		onth	Day	Year
	DECEASED (Type or print)	JAMES	M	ICHAEL Boy	Shoema	2317	OF DEATH			10	19 67
S.			MARRIED	NEVER MARRIED	8. DATE O	F BIRTH	Access to the second	9. AGE (In years	IF UNDER	I YEAR IF L	INDER 24 HRS.
M	ale Wh	ite	WIDOWED	DIVORCED	May 1	1, 1967	- 1	lost birthdoy) yrs.	Months	Days Ho	ours Min.
100	USUAL OCCUPATION (Give kin	ind of work done		OF BUSINESS OR	11. BIF	RTHPLACE (Stote	or foreign	country)		TIZEN OF WH	AT
dur	ng most of working life, even	n if refired)	INDUST	RY	Take	ma Park	k, Ma:	ryland	(0	UNUSA	
13.	FATHER'S NAME Frank	Sheemaker	r		14. MOT	HER'S MAIDEN N		ussell			
15	WAS DECEASED EVER IN U.S.			AL SECURITY NO.	17. INFORMAN				dress		
	s, no runknown) (if yes gi		10. 30Cl	AL SECORITY NO.							
			N.	7A	Prince	George	Count	ty Welfa:	re Bea	rd, Br	entwee
	18. CAUSE OF DEATH (En	nter only one couse p			Prince	George	Count	ty Welfa	re Bea	INTERVA	L BETWEEN
	DADT I DEATH MAC	nter only one couse p	per line for (o),	(b), ond (c).)	Prince	George	Count	ty Welfa	re Bea	INTERVA	10.
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WEDICAL 23co	PART I. DEATH WAS IN TO CONDITION OF THE PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN PART II. OTHER SIGNATURE EXAMINER'S NAME (Type) JOHN PART II. OTHER SIGNATURE PART II. OTHER SIGNATURE SI	Anter only one couse process of CAUSED BY:  WMEDIATE CAUSE (o).  DUE TO  GOVE  (o).  OUSE  (c).  NOT CONDITIONS CONT  SING   1 took charge of m:  Natural company to the couse of the couse	Unkn  RIBUTING TO DI  20b. DESCRIE  Asp  20d. INJUR' White of work  of the remoin duses  D. F. 1967	(b), ond (c).)  ia  tion of ga:  own  EATH BUT NOT RELATED  BE HOW INJURY OCCUR  hyxiated  Y OCCURRED  Not While at work  Accident	TO THE TERMIN  RED. (Enter nature of INJU) foctory, street, , held an Act Suicide,  M.D.	ontents  NAL DISEASE CON  Jre of injury in F  b after  RY (Home, lorm olfice bldg., etc.)  Jtopsy X,  Hamicide  CHIEF MEDICAL  ASSISTANT MEDI DEPUTY MEDICA  Address (Street,	Port I or Port I	ven IN PART 1(o)  ort If of item 18.)  iting.  (City or town)  tion X, Inc.  Jndetermined Inc.  R X Inc.  OCATION (City or Inc.  TRAR 25b	quiry X, manner	INTERVA ONSET A  19. WAS PER YES X  unty)  and in  22. (County)	AUTOPSY ORMED?  (Stote)  My opinian  DATE SIGNED

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07184 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen 2, onu -PM3. Page COUNTY State Department of Prince George's Prince George's Maryland MARYLAND deloy b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give nearest town) DOA Cheverly Seabrook d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e, writing the word "pending" in pencil in Item 18. Give Pages 1, farworded to the Chief Medicol Examiner's Office along with form 6402 Seabrook Road YES NO X Prince George General Hospital 24 hours after death. NAME OF Middle 4. DATE Month DECEASED (Type or print) Silvers DEATH Elbert permit. File poges lond 2 with 5. SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) WIDOWED DIVORCED Jan. 1924 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Sta: or foreign country) 12. CITIZEN OF WHAT during plast of marking like, even if retired) U. S. Government COUNTRY? A. Georgia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME executed within Charles Silvers Beatrice Holder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unknown) (If yes, give, war pr dotes of service) A. Marie Silvers Same as #2 ony event within (wife) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure certificate should DUE TO Coronary artery occlusion minutes Canditions, if ony, which gove (b) Atherosclerotic heart disease unknown rise ta immediate couse (a). = DUE TO 0 stating the underlying couse SD last be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? removal, the certificate. YES -4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING cremation, or DICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Dov. Year (City or tawn) (County) (State) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) ot work Page at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry x and in my opinian death resulted from: Natural causes (X) funerol director. Suicide [ Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5-2-67 5 may to FUNER Health John /Kehoe. M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Burran (Specify Arlington National 5/5/67 Arlington, Arlington Va. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Willowles Francis Gasch's Sons Hyattsville, Md. WHE 8

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	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased	lived, if institution b. COUNT		fare admission)
	RINCE	SEORGES		MAI	RYLAND	DISTRICT	OF C	DLUMBIA	335	1.1
	b. CITY OR TOWN (	If autside carparate limit d give nearest town)	ς,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside corparate	limits, write RURA	L and give near	est tawn)
A		AF BASE		5hrs4	9min	WASHINGT	'ON		47.3	7
(	d. NAME OF HOSPIT	AL OR INSTITUTION (If no		jive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
U	SAF HOS	SPITAL AND	DREWS	rie kur.		1034 BARN	ABY T	ERRACE		YES NO NO
-	NAME OF DECEASED (Type or print)	CHRIST	OPHER	Middle (NMN)	S	lost SIMMONS	4. DATE OF DEATH	Manth MAY	4	oy Yeor 19 6 7
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED X 8	B. DATE OF BIRTH	9. /		IF UNDER 1 YEAR Manths Days	
P	IALE	NEGROID	WIDOWED	DIVORC	ED 🔲 L	+ MAY 1967		yrs.	maitilis Days	Hours 4Min.
0a. Iuri	. USUAL OCCUPATION ng mast af working NON	(Give kind of work done Life, even if retired)	10b. KI IN	ND OF BUSINESS OR DUSTRY N/A		11. BIRTHPLACE (County PRINCE G			12. CITIZEN COUNTRY	OF WHAT
13.	FATHER'S NAME	MEN'S TO				14. MOTHER'S MAIDEN I	NAME	-		
	EUGENE	SIMMONS				BARBARA	A. WI	HITTAKE	R	
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	Vosings 3	NONE		NFORMANT CHER, S	SAME A	Address S #2		
NOI	Conditions, if any rise to immediat stating the unde last.  PART II. OTHER SI	e couse (a), rlying couse	(c)	O DEATH BUT NOT R		HE TERMINAL DISEASE CON		N PART 1(a)	11	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (	(Enter nature of injury in	Part I or Part II	af item 18.)		
MEDICAL	20c. TIME OF INJI Hour o.r p.r	URY Manth, Day, Year m. 19	While at war	NJURY OCCURRED  Not While at work	facto	E OF INJURY (Hame, farmary, street, affice bldg., etc.)		City or town) .	(County)	(State)
	21. I certi	fy that (\$) (this has	pital) attend	ded the deceased	d fram	Hay , 1 death accurred at	%6.7_, ta_ 2 · 4.5 М	4 May	, 19 <u>_6_7,</u>	that (1)x (we) last
	276. SUNATURE	440	D. Ke	BUNG	Mc M.D	ATTENDING D	MED. DIRECTOR C	STAFF PHYS. [3]	22b. DATE SIG 4 May Andre	GNED 1967
23o	BURIAL, CREMATIC REMOVAL (Specify Urial	ON, 23b. DATE TH 5/10/6	EREOF 57	23c. NAME OF CEA		REMATORY Cem.	23d. LOCA Fort	TION (City or Town	i) (Coun	ity) (State)
24	FUNERAL DIRECTO						BY REGISTRAR		STRAR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Heolth prior to burial, cremation, or removal, and in any event, within 72 hours at

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07186 24 hours ofter death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY Maryland Prince Georges Prince Cearges
b. CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest tawn) MARYLAND event within 72 hours after by the 11 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 44 days Cheverly Upper Marlboro e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Filled i 8913 Cherry Lane YES NO Prince Georges General HOspital OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle Last 4. DATE Year Dov DECEASED DEATH 1967 (Type or print) John W. Simms and comple AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** last birthdoy) Months Hours Esep. DIVORCED 4/21/05 ond in any WIDOWED Colored Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? USA during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Bessie Johnson Robert Simms 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give war or dates af service) 17 INFORMANT 16. SOCIAL SECURITY NO. Marilyn Jones-2215 Rand Pl., N.E. Unk. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-tronsit Cerebrovasular Accident - embolic IMMEDIATE CAUSE (a) by DUE TO Conditions, if ony, which gave 40cardial Enfarction rise to immediate cause (a), DUF TO stating the underlying couse as been as the prior to or offending stonary Arterioscherotic Heart Diseas. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has auricular Fibrillation NO XX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [7] be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour 'a.m. Nat While at wark at wark FUNERAL DIRECTOR: After 2). I certify that (4) (this haspital) attended the deceased from March 26, 1967, to May 9, 1967, that (1) (we) last saw the deceased glive an May 9, 1967, and that death accurred at 1 P M, from causes and an the date stated above. saw the deceased alive an May 9 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR May 9, 1967 director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Jensen. Prince Geroses General Hospital 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION Burial (Specify) 5-13-67 10 Harmony Men Pkllandover Maryland 250, REGISTRARY SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O7187
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)					
Puince Casan	a. STATE Maryland b. COUNTY Pr. Geo.						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA						
Cheverly 11 Days	Hillcrest Heights,	16.1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
74 Prince George General Hospital	2577Colebrooke Dr., SE	YES NOTE					
3. NAME DF First Middle	Last 4. DATE Month	Day Year					
(Type or print) RUSSELL H. S		1th 19 67					
5. SEX   6. COLOR OR RACE   7. MARRIED   8 NEVER MARRIED   8	R DATE OF BIRTH 19 AGE (In years LIFTINDE	R 1 YEAR RELINDER 24 HRS					
	Oct. 7th. 1912 54 yrs.	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT					
during most of working life, even if retired) INDUSTRY		COUNTRY?					
Auto Mechanic	North Carolina						
13. TATREE S NAME	14. MOTHER'S MAIDEN NAME						
William R. Stainback	Lessie Hicks						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address	1 100					
	sie M. Stainback (Wife) Same	as Item #2					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN					
DATE I DESTRUME CAMPED DU	au balic	ONSET AND DEATH					
IMMEDIATE CAUSE (a) Pulmonary	EM 0814)	4 hours					
5810 DUE TO P////		/					
Conditions, If any, which gave rise to immediate (b)   h   e bo Fhi	rombosis	days					
cause (a), stating the DUE TO							
underlying cause last. (c) CIVY hosis of	L liver	3 years.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	) 19. WAS AUTOPSY					
& 2 Umbilied Vein catheterization		PERFORMED?					
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 1						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  2 Um bilical Vein catheferiza fion  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBETION INJURY OCCU							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. Not While at work at work 20m. 19		ounty) (State)					
Hour a.m. While Not While	ry, street, office bidg., etc.)						
***		7-7					
Ezi i doitai j tilat ti/ tilio hospitai/ attoriada tilo adogasca irolii	ay 1, 1967, to May 11, 196						
	death occurred a 5:55 M, from the causes and on						
22a. SIGNATURE		DATE SIGNED					
John H. Tsayly M.D	ATTENDING MED. STAFF May	11-1967					
22c. PHYSICIAN'S NAME (Type) Dr. Town H. Bossley	22d. ADDRESS Prince Georges Gene	ral Hospital					
Dr. John H. Bayly		. DC					
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		ounty) (State)					
REMOVAL (Specify)							
Burial May 13-67 Fort Lincoln  24 FUNERAL DIRECTOR ADDRESS	Cemetery   Bladensburg, Mc   25a. REC'D BY REGISTRAR   25b. REGISTRAR	O'S SIGNATURE					
1 commons/sus	MAY 1 9 1967 Icharles	Judge					
Simmons Bros. 1661-Good Hope Rd SE Wash	DC MAY 1 2 1967 Junes	0 0					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 2.7 hours after

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completely filled in by the funeral nove carbon papers. Pages 1 and 2 remove ony pup ease or removal, atten cremation, signed by the buriol-tronsit physician buriol, c by the hospitol or ottending prior to hos been the 00 Health g TO FUNERAL DIRECTOR: After this certificate 90 detoched Dept. State Pe be retoined with the filed director, page should be filed Poge 4 moy

executed within 24 hours after death

low requires that the death certificate be

OR ATTENDING PHYSICIAN:

3. NAME OF Middle 4. DATE Last DECEASED Lola C. Starke DEATH (Type or print) S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED WIDOWED DIVORCED Female White Nov. 11. 1882 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or fareign country) during most of working lite, even if retired).
Housewife INDUSTRY Washington, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James M. Etter 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 220-44-8205 no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause last. 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Haur a.m. Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 2 saw the deceased alive an 22a. SIGNATURÉ DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. 8URIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) NATIONAL 2Sa. REC'D 8Y REGISTRAR 24. FUNERAL DIRECTOR WASH Colline 2821-145 STNW DCI

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Prince George District of Columbia MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give negrest town) vears Washington Hvattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 637 - 5th Street, N.E. Sacred Heart Home, 5805 Queens Chapel Rd YES NO DE Month 67 May 19 IF UNDER 1 YEAR 1 IF UNDER 24 HRS. AGE (In years last birthday) Manths Davs Hours 12. CITIZEN OF WHAT COUNTRY? United States Clara Six Sacred Heart Home, Hyattsville, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) (City or tawn) (County) (State) 1967, to may 14, 1967, that (1) (we) last and that death accurred at 42% M. from causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City or Town) (Stote) VA. ARLINGTON. 2Sb. REGISTRAR'S SIGNATURE

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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please tentave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0718	33	CERTIFIC	CATE O	F DEATH		0	7167	
PLACE OF DEATH     O. COUNTY				CTATE	Where deceosed live	d, if institution: b. COUNTY	Residence befo	
L CITY OD TOWN	rince George	IND		land			_	
write, RURAL on	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN	1b . c. 0	ITY OR TOWN (If or Hya	ttsville,	ts, write RURAL Md.	ond give neare	st town)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	d. 1	STREET ADDRESS				e. IS RESIDENCE	
	e Georges Gen	eral Hospital		5314 D	ecatur st	;		ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First Pau	1 S St	eele	Lost	4. DATE OF DEATH	Month May	15, Doy	Y Year 19 67
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DA	TE OF BIRTH	9. AGE	(In yeors IF	UNDER 1 YEAR	IF UNDER 24 HRS.
male		WIDOWED DIVORCED		ne 13, 19		Yrs.	onths Doys	Hours Min.
during most of working	N (Give kind of work done life, even if retired) driver	Grayhound co	11.	Virgini	& Stote, or foreign co a	untry)	U S A	F WHAT
13. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME			
7 74 72		Steele				Dalto	n	
IS. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		Address		
(Yes, no, or unknown)	(If yes give wor or dates of se	16. SOCIAL SECURITY NO. 173 07 0719	Kathr	yn Steel	е Ну	attsvil	le, Md	•
	EATH (Enter only one couse TH WAS CAUSED BY:	per line for (o), (b), ond (c).)						ERVAL BETWEEN
TAKI I. DEA	IMMEDIATE CAUSE (o)	Heart failure						ISET AND DEATH
443	DUE TO	Hypertensive an	rterio	sclerotio	heart d	isease	over	r 2 yrs.
Conditions, if ony		- m						<i>J</i> = - <b>v</b>
rise to immediate stating the under	te couse (o), (							
lost.	(c)							
PART II. OTHER SI		TRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TE	RMINAL DISEASE CON	NDITION GIVEN IN PA	ART 1(o)		WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter	noture of injury in	Port I or Port II of i	tem 18.)		
20c. TIME OF INJUNE OF INJ	10	20d. INJURY OCCURRED While Not While ot work at work		INJURY (Home, form reet, office bldg., etc.)		or town)	(County)	(Stote)
21. 1 certi	fy that (I) (this haspite	al) attended the deceased fro	om Cp	1-63,1	9, ta/	1Mag	, 19 <u>67,</u> th	nat (1) (we) las
	eceosed alive on	11/7/cg 1967, gno	d that dea	th occurred of	6:10am from			
220. SIGNATURE	1	to Keto		TTENDING X		STAFF PHYS.	22b. DATE SIGN	
22c. PHYSICIAN'S NAME (Type	John Kehoe,	M.D.		22d. ADDRESS Riverda	le. Md.			
23o. BURIAL, CREMATIC	ON, 23b. DATE THEREO		RY OR CREMA		23d. LOCATION	(City or Town)	(County	(Stote)
REMOVAL (Specify			ln Cem		Colmar			
24. FUNERAL DIRECTO		ADDRESS		2So. REC'D	BY REGISTRAR	and the second	RAR'S SIGNATUI	
F Gas	ch's Sons H	yattsville, Md.		DAMAY	18 1967	your	wells &	udge

TIST - DESCRIPTION - DESCRIPTION OF crt let oma The first street of medical them evidence 1985 September 1986 - State of December 1986 and the property of the september 1986 and the

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Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07190	sidii di statisi	TONE KEDEN	CEI	RTIFICATE	OF	DEATH	,		071	168		
		PLACE OF DEATH D. COUNTY Prince Geor	ges			MARYLAND	o. STA		Where dece	b. COU				
74		o. CITY OR TOWN (If our write RURAL and give heverly	stay in 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cheverly										
74		name of Hospital of				ss)	d. STREE	T ADDRESS	+ A**	nue			ON A FAR	M?
	1	NAME OF DECEASED Type or print)	Fir E	st Lsie	Midd			ast	4. DATE OF DEAT	Mon		Day 16.	Year 19 6	7
	S. :	EX 6.	COLOR OR RACE	7. MARRIED WIDOWED	NEVER M	ARRIED	8. DATE OF 1 /22	2 /13		9. AGE (In years last birthdoy) 54 yrs.	Months 1	YEAR Doys	IF UNDER 2 Hours	4 HRS. Min.
		USUAL OCCUPATION (Give most of working life, e			D OF BUSINESS USTRY GOVE	or	11. BIRT	HPLACE (County Illino		foreign country)		IZEN OF S		
		father's NAME tanley J. (	Gross			j = 1		HER'S MAIDEN		k				
	(Ye	WAS DECEASED EVER IN I s, no, or unknown) (If ye no	U.S. ARMED FORCES? es give wor ar dates a	f sarvice)	1 05 6		NFORMAN		wart	Jr. Same		2 (8	son)	
		18. CAUSE OF DEATH PART I. DEATH W	(Enter anly ane cau AS CAUSED BY: IMMEDIATE CAUSE	se per line for			ger	um				INTER	RVAL BETW ET AND DE	
Snadid be liled with the state Dept. of nearing prior to burior, defination, of removal,		Conditions, if any, whi rise to immediate constating the underlying last.	use (a), (	(b)	win	me of	br	ent				6	mont	1
	ATION	PART II. OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GI	VEN IN PART I(a)		P	WAS AUTOP PERFORMED S NO	SY )? 0 3\(\frac{1}{2}\)
	L CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DES	CRIBE HOW INJ	URY OCCURRED.	(Enter notu	re af injury in	Port I or P	ort II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Day, Yeor 19	20d. IN While ot work	URY OCCURRED  Nat While at work			RY (Hame, farn office bldg., etc.	)		(Cau			ote)
		saw the decea	hat (I) (旅客本級 ised alive an	Mala attend	ed the dece	ased fram_ 7, and tha	t death	accurred at	19.64. 2:15	ta <u>May 16</u> M, fram causes	and an th	ne date	stated	è) la abav
		220. SIGNATURE	all Ci	Elyn	~	M.		ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DA	ATE SIGNE	D	
1		22c. PHYSICIAN'S NAME (Type)	ONALO	CIE	DGNE	EN	P <sub>1</sub>	rince G		es Plaza,				
P	В	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE 5/19/6		Ft.	Lincol			Col	LOCATION (City or To	or I	(County) P. G.	. M	Id.
P	24	FUNERAL DIRECTOR Francis G	asch's So	ons Hy	ADDRE attsvil				BY REGIS		EGISTRAR'S SI	SNATURE	udge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached for use as the burial-transit permit. Then p VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G389 6/12/67 CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY 2, and 3 to PM3. Page Prince George's delay b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Washington D.C. Cheverly DOA d STREET ADDRESS e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? 1838 Maryland Avenue YES NO X Give Pages Prince George's General Hospital executed within 24 hours after death. 1 3. NAME OF Middle 4. DATE Month Year DECEASED 67 Stigger Margaret Melvin DEATH (Type or print) IF UNDER 24 HR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 52 birthday) death. WIDOWED DIVORCED Negro female 10g LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) USA COUNTRY? INDUSTRY General Housework Pa 14. MOTHER'S MAIDEN NAME haurs ( Robert Daniel Lena Rawlings File 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT within 72 burial-transit permit. (Yes, no, or unknown) (If yes give war or dates af service) Lena Wallace-mother-5716 8th St., N.V 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and shock writing the word This certificate shauld DUE TO Laceration of brain , and Conditions, if ony, which gave rise ta immediate cause (a), = DUE TO stoting the underlying cause 0 pup Multiple fractures of legs and pelvis 00 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, the certificate, NO 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld crematian, or PRIMARY X or CONTRIBUTING Passenger in car involved in collision **EXAMINER:** CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year while of work Wilson Bridge, Prince George's, Haur a.m. may be retained far yaur FUNERAL DIRECTOR: Page B:15am p.m 19 67 Page Inspection X, Inquiry X, 21. I certify that I took charge of the remains described obove, held an Autopsy and in my opinion Accident XV deoth resulted from: Notural causes funeral directar. Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE XXXXXXXX DEPLITY MEDICAL EXAMINER **EXAMINER'S** 5-28-67 NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar caunty) the 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMAN 50

VR A 15ME (5) 6M 1/67

Burial

Funeral

Carver Memorial Park Maryland

Carver Memorial Park Memorial Park Maryland

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2Sb. REGISTRAR'S SIGNATURE

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07192		CERT	IFICATE	OF DEATH			07170
	1. I	PLACE OF DEATH  1. COUNTY  R/A/CE	FORGE	COUNTY N	NARYLANO	2. USUAL RESIDENCE (V		institution: Residence	
	ŀ	o. CITY OR TOWN (If out write RURAL and give	side corporote limits,	c. LENGTH OF ST		C CITY OR TOWN (If OU	0 -		
5	A	NAME OF HOSPITAL OR	INSTITUTION (If not in	hospital, give street address)  BASE H	os P	d. STREET ADDRESS		5. E.	e. IS RESIDENCE ON A FARM? YES NO NO
	-	NAME OF DECEASED Type or print)	DUST	Middle		Lost	4. DATE OF DEATH	Month M A V	0oy Year 2 / 19 6 7
	5. 5		OLOR OR RACE 7.	MARRIED NEVER MAR	RIED B.	DATE OF BIRTH  8 JAN 190	9. AGE (In y		
	duri			10b. KIND OF BUSINESS O INDUSTRY	R	PRINCE GL	& State, or foreign countrescond		ZEN OF WHAT INTRY?
		PAVID E	DWARD	STOCKIN	G	VIRGINI	A EVEL!	IN TE	RO
		WAS DECEASED EVER IN U s, no, or unknown) (If ye	s give wor or dotes of se	NONE		FORMANT IDEDWARD	STUCKING.	Address 1501-49 WASHIM	
		10	(Enter only one couse p AS CAUSED BY: IMMEDIATE CAUSE (o).	SEPSIS	CUITI	1 MIASTOIC	lihs		ONSET AND DEATH
		Conditions, if ony, which rise to immediate cou		ACUTE LY	mphob	lastic LE	uKtmia		33 MONTHS
		stoting the underlying last.							
3	CATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONT	RIBUTING TO OEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMEO? YES NO
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	205. OESCRIBE HOW INJUR	S				
	MEDICA	20c. TIME OF INJURY / Hour o.m. p.m.	19	While Not While of work	foctor	OF INJURY (Home, form ry, street, office bldg., etc.)			
		saw the decea		al) attended the deceas	ed from _, ond that	deoth occurred at	966, to MA 538AM, from a	ouses and on th	thot (1) (we) last de date stated above.
		220. SIGNATURE	l H Ger	Stein	M.O.	4	MED. STAF	f I	TE SIGNED MIRY 1967
1		22c. PHYSICIAN'S NAME (Type)		PERLSTEIN	USAF MS		SP ANDRE		FORCE BIASE
	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREO		CEMETERY OR CO		23d. LOCATION (Cit SPRINGFIE		(County) (Stote) R, NEW YORK
		FUNERAL DIRECTOR R		ILHELM FUAODRESA UITLAND, MARY	L HOME	2So. REC'D		25b. REGISTRAR'S SI	GNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and reasons, within 72 hours after depts. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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		MARYLAND S	IAIE DEP	ARIM	ENTOF	HEALTH			
DIVISION OF	F STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAN	D
07193		CERT	TIFICATE	OF	DEATH			02653	

1. PLACE OF DEAT a. COUNTY					2. USUAL RESIDEN a. STATE		h coul	stitution: Re	sidence befor	e admission)
Pr	ince Geor	ges	MARYL			ryla			Geo	8
write RURAL	/N (if outside corporate and give nearest tow	(n)	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		corporate limits, w	rite KURAL I	and give nea	arest town)
Brandyw	ine		L-Hour		Naylor				16	/
	spital or institution.ne-Waldor				d. STREET ADDRESS				ON	RESIDENCE I A FARM? NO X
3. NAME DF DECEASED		rst	Middle		Last	4. DAT			Day	Year
(Type or print)		rbert	Roy		rueman	DEA				1967
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 1 1	DATE OF BIRTH	_ 1	9. AGE (In years last birthday)	IF UNDER 1		
Male	White	WIDOWED	DIVORCED	☐ Ma	arch 28,1	891	76 yrs.	Months	Days Hou	urs   Min.
during most of work	rion (Give kind of work ling life, even if retire Ltion Engi IE	d) INDL	JSTRY Timm?	ny	Marylan  14. Mother's Mail	d		CO	TIZEN OF WINTRY?	HAT L
Joshua C	. Trueman	1			Mary Di	xon				
	EVER IN U.S. ARMED FO		CIAL SECURITY NO.	17.	NFDRMANT		Addre	ISS		
No	(If yes give war or dates o	i service)		Flo	ora D. Tr	uema	n- Naylo	or, M	aryla	ind
	DEATH [Enter only on		for (a), (b), and (c).	.]						BETWEEN NO DEATH
PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		myocal	الما	Intu	-			17-	> \
420	/ DUE		0		A					1
Conditions, If	any, which }	(b) D	aliel a	lhe	me !				w	
gave rise to cause (a), s									0	
underlying caus	raring rue	(c)								
PART II. OTHER:	SIGNIFICANT CONDITIO		NG TO DEATH BUT NO	OTRELAT	ED TO THE TERMINAL	DISEASEC	ONDITION GIVEN IN	PART 1(a)		S AUTOPSY FORMED? NO
O (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER) 20b. DES	CRIBE HOW INJURY	Y OCCUR	RED. (Enter nature o	of injury in	Part I or Part II	of Item 18.)		
Hour a.	INJURY Month, Day, m. m. 19	Year 20d. INJU While at work	JRY OCCURRED   20 Not While   at work	De. PLAC factory	E OF INJURY (Home, f y, street, office bldg., e	etc.) 20f.	. (City or town)	(Cour	nty)	(State)
21. I certif	fy that (I) (this hose	oital) attended	the deceased fro	om	5-10 1	9 6 %	0 5-12	1967	_ that (	(we) last
	ceased alive on	5-12			death occurred at	5:30 PM.	from the causes			
saw the deceased alive on 5-12 19 67, and that death occurred at 5:36 PM, from the causes and on the date stated above.										
(	Tunk	. 0	lon	(M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5/2	2/67	
22c. PHYSICIA NAME (T	AN'S ype)	Richard	d Dobson	, M.I	22d. ADDRESS		ndywine,	Mar	yland	
23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	OCATION (CIty, t	own or cou	nty)	(State)
Crematic	n 5/24/	67	Cedar Hi	11 (	Crematory	Su	itland		MM	vland
24. FUNERAL DIRI	ECTOR		ADDRESS		25a. RE	C'D BY RE	GISTRAR   25b. R	EGISTRAR'S	SSIGNATUR	E
Ritchie	Bros. Upr	er Mar.	Lboro, M	d.	Netto	9	1967 80	harles	Judg	L

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		07194 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07171
IEALTH DEPT.	1.	LACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	dence before odmission)
V 10 0 4	(	Prince George's MARYLAND	o, STATE b. COUNTY	amma La
EAA) =	-	Prince George's MARYLAND  CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince Geo	
E S	,	write RIPAL and give nearest town)		five tieniesi inwii)
D D D D D D D D D D D D D D D D D D D			Beltsville	16-1
T only delay in 1, 2, and m PM3 Deportment of		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		Leland Memorial Hospital	4305 Tonquil Place	YES NO D
Poge with f	3. 1	AME OF First Middle	Lost 4. DATE Month OF	Doy Year
P P P	(	ECEASED (ype or print) Cleve A	Tucker DEATH 5	1 19 6'
8. Give Poges olong with far with the State.	S. S		8. DATE OF BIRTH 9. AGE (In years IF UND	DER 1 YEAR IF UNDER 24 HR
0.80 10 ×		male white WIDOWED X DIVORCED	12 April 1893   lost birthdoy)   Month	s Doys Hours Min
hours Item 1 Office 1 ond 2 rr deatl		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT
	duri	nost of working life, even if retired) Ret Puliman Co		COUNTRY?
24 in ir ir is es offe	_	Ret Pullman co	Maryland	
hin 24 hours nail in Item I niner's Office pages Iond 2 urs ofter death	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
within 24 hours pencil in Item 18 xaminer's Office calle pages Iond 2 v hours offer death		Yates Tucker	Martha M. Davis	
ed v in il Ex il Ex Il Ex	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. (19 yes give, wor or dotes of service)	INFORMANT Address	
xecuted nding" ir Medical permit.	(16	NO 91 alknown) In yes give was or doles of service) 709-12-496/ H.	azel S.Mazyck	
Medir		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	azer Danazyon	INTERVAL BETWEEN
should be execute ne word "pending" to the Chief Medica buriol-tronsit permit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure		ONSET AND DEATH
d b d d d d d d d d d d d d d d d d d d		4200 DUE TO Arteriosclerotic 1	heart dieasea	unknown
ificate should ting the worked to the as o buriol-tond in ony to		Conditions if you which your	near t disease	alligiow.
sh or t bur		rise to immediate couse (o),		
d it d	35	storing the underlying couse		
This certificate should be executed within 24 hours icate, writing the word "pending" in pencil in Item 1 be forwarded to the Chief Medical Examiner's Office 1 be used as a buriol-transit permit. File pages 1 and 2 removal, and in any event within 72 hours offer death		lost. (c)		I 10 MAG MITODON
certii v. writ orwar orwar used ovol,	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
his ate, e for be u be u	ATIC			YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Port I or Port II of item 18.)	
certific certific hould be lies. should on, or r		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		
INER: e certif should files. 3 should tion, or	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)
A the de mot	MED	Hour o.m. While Not While for	ctory, street, office bldg., etc.)	
AL EXAMINER execute the cerexecute the cerexecute the cerexecute from the cerexecute for your files. I for your files. Toge 3 should cremotion, cremotion,		UI WOLK GI WOLK	- I - A	1
VEC For far ol,		21. I certify that I took charge af the remains described above, h		
Se exector. Pour for for ECTOR: buriol,		deoth resulted from: Notural duses , Accident , Sui	cide , Homicide , Undetermined monner	
MEDTA please I director retained or to bu		ACTUAL / S/S	CHIEF MEDICAL EXAMINER	22. DATE SIGNE
JIY ME. ry, pleas eral dire be retair RAL DIR prior to		SIGNATURE TAYEN	M.D. ASSISTANT MEDICAL EXAMINER	ZZ. DAIL SIONE
UT Der Der De Pri		EXAMINER'S John Kehoe, M.D. Riverdale, M.	DEPUTY MEDICAL EXAMINER 🛣	5-1-67
TO DEPUTY MEDICAL EXAMINER: necessory, please execute the certi the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremotion, o		(1),20	71001033 (511001, 111), 10111, 01 100111)	
D o m	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)		(County) (Stote)
F - 2 - V	B	urial / 5.4.67 Fort Lines	oln Cem   Colmar Manor	
VR A 15ME (5)	24	FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	
AK WIDWE (S)		The The second Home 200 /th at M F	Vasil MAV I may not	1 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Manyland Prince Googes (milled , (Marlan Reghts) I'm ne (May law Haightis) 4314 Townsley Ave. 4314 Tannesley Council WAGNER & Dante 471 EET Male White week Dreamber 9,19/2 G.E. - - - -High School Teacher Education-Governor Charlotte , North Carolina U.S. of Am. Clyde Wagner Gertrude Louise Campbell 934 or some May read Wag news 4314 Townstop Made triple Messat Failure form Probable Coromay Delusian 1 minute Automoderatio + Hypertronnic Host Duraic 10 years Arterio alcorre Generalized 15 years Tilled & Med Examin before signing this. 12 (5 May 7) 67 Welles It the tilson 4300 St. Barnebes Road Walcutt W. Gibson, M.D. Marlow Heights, Maryland 20031

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) I. PLACE OF DEATH Prince George's o. COUNTY O Maryland the Stote Department of write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate limits, orest ville heverly NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ang with form 4. DATE DECEASED OF DEATH Charles 9. AGE (In years NEVER MARRIED 7. MARRIED lost birthdoy) Months 0 WIDOWED DIVORCED be executed within 24 hours Office 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY hours after Maryland the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sharon Hudson Robert Waldersak 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Robert Walderzak Same As # 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

OST burial-tronsit Meningites writing the word Waterhouse Friderichsen Syndrome in ony Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: Poge 3 should be used buriol, cremotion, or removal, execute the certificate. 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autopsy III Inspection III Inquiry III and in my apinion death resulted fram: Natural causes 4. Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b NAME (Type) Kehoc, M.D. Address (Street, city, town, or county) 230. BURIAL, CREMO 10 REMOVAL (Specify Burial 23d. LOCATION (City or Town) Resurrection Cemetery Prince Georges, Maryland Robert E. Wilhelm Funeral Home VR A15ME (5) 4308 Suitland Road, Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

USA

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

YES NO

22. DATE SIGNED

NO X

19 6 /

- Landon A. Land III

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07197

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #12 Film #G389 5/23/07 pc

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07175

		MEDICAL LAAM	mirel 3	CERTIFICATE	OI DEATH		U	TIA	
I. PLACE OF DEATI	1			2. USUAL RESIDENCE	(Where deceosed live			befare admissi	ian)
a. COUNTY			MARYLAND	o. STATE	,	b. COUN			
L CITY OF TOWN	Prince George	S C LENGTH OF ST	Marylan	d	Prir	ice Geo	rges		
write RURAL	(If outside carparote limits, ond give nearest town)	C. LENGIH OF SI	AT IN ID	C. CITY OK TOWN (IT O	autside carporote limi	is, write KUK	AL and give n	/	
Cheve	_	DOA		Hillcrest	Heights		16-1		
d. NAME OF HOS	PITAL OR INSTITUTION (If nat i	n hospital, give street oddress)		d. STREET ADDRESS				e. IS RES	DENCE
Prince C	eorge General	Uconital.		5678 23rd	Doulers			YES T	NO 5
NAME OF	First	Middle		lost	Parkway	Manth	h	Day Yo	ear
DECEASED		Mildure			OF	mairi			
(Type or print)	Harry			Walsh	DEATH	5	abo		67
SEX	6. COLOR OR RACE 7	MARRIED NEVER MAR	RIED	. DATE OF BIRTH		(In years birthday)	Manths D	ays Hours	R 24 HRS.
ale	white	WIDOWED DIVO	RCED	29 Sept. 1	889 7	7 Yrs.		, ,	
USUAL OCCUPAT	ION (Give kind of wark dane	10b. KIND OF BUSINESS O	R	11. BIRTHPLACE (Stat		•		EN OF WHAT	
	ing life, even if retired)	Plastere:	22	Engla	ba		COUN	IIKY?	S.A
Ret.		- Lastere.	1	14 MOTHER'S MAIDEN					A - 0 1 F
	thew Wal:		0 1 15 1	Alice	Goth	4.11		_	
es, na, ar unknaw	EVER IN U.S. ARMED FORCES?  n) (If yes give war or dates af s	ervice) 16. SOCIAL SECURITY N	0. 17. 1	NFORMANT		Addre	22		
no	no		Ma	ry E.Lyl	es same	28 4	# 2.D		
	DEATH (Enter anly one cause	per line far (a), (b), and (c).)						INTERVAL BE	
PART I. C	PEATH WAS CAUSED BY:	Metastatic c	arcino	na				ONSET AND	DEATH
154	. /	Carcinoma of						ver 3	mO
	on which care		the re	ec c uni			۲	VCI )	nio.
rise to immed	iote couse (a),								
	iderlying cause								
last.	) (c							Tre missing	TODGU
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE C	ONDITION GIVEN IN F	ART 1(a)		19. WAS AU PERFORI	MED?
A								YES	NO X
20g. EXTERNAL PRIMARY OF		20b. DESCRIBE HOW INJUR	Y OCCURRED.	Enter nature of injury in	n Part I ar Port II af	item 18.)			
PRIMARY L. or	CONTRIBUTING								
20c TIME OF	NJURY Manth, Day, Yeor	20d. INJURY OCCURRED	20e. PLA0	E OF INJURY (Hame, fo	rm. 20f. (City	ar tawn)	(Cauni	ty)	(Stote)
20c. TIME OF Hour	a.m.	While Not While		ory, street, affice bldg., et					
	p.m.	ot wark U ot wark				7 .		1.	
	tify that I took charge		/				jiry 😿 ,	ond in my	opinio
deoth res	sulted from: Maturol	codses 📉 , Accident	, Suic	ide 🔲, Homicid	e, Undete	rmined m	onner		
	///	14 1	- /	CHIEF MEDICA	AL EXAMINER				
SIGNATURE	bh	1/let	1	M.D. ASSISTANT MI	EDICAL EXAMINER	]		22. DAT	E SIGNE
EXAMINER'S	M	1		DEPUTY MEDI	CAL EXAMINER 😓				
NAME (Type)	John Kehoe, M	.D. Riverda	le. Md.	Address (Stre	et, city, town, ar cau	inty)		5-15-	-67
Ba. BURIAL, CREMA					23d. LOCATIO	N (City or Tox	wn) (0	aunty)	(State)
Burial Burial				Cemeter		10.00	· ·	'	-/
BUT1A1  24. FUNERAL DIRE		ADDRESS			V   Colma		GISTRAR'S SIG	Ad NATURE	
T OO TO	ineral Home					A1 400		_	
тее ы	fuletar uome	300.40H St	14 E	DAMA	Y 17 196	11 1	March	Judge	-

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along-with form PM3. Pagentage of the content of the funeral director. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State Department Health prior to buried gramption or removed and in one event within 72 hours after death 5 may be retained far yaur files. VR A15ME (3) 6M 1/67

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any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7198			CERTIFICATE	OF DEATH		07176			
1. PLACE	OF DEATH				2. USUAL RESIDENCE (	Where deceased lived, if institutio				
	ince Geo	rges		MARYLAND	Maryland		Georges			
		tside carparate limits	,	c. LENGTH OF STAY IN 16		utside carparate limits, write RURA				
Ch	ite RURAL and give <b>verly</b>	re nearest tawn)		14 days	Seat Plea	sant	16.1			
d. NA	ME OF HOSPITAL O	OR INSTITUTION (If no	t in haspital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Pr	ince Geo	rges Gene	ral Ho	spital	6905 Cent	ral Ave.	YES NO			
3. NAMI		Fir	st	Middle	Last	4. DATE Month	Day Year			
DECE/	ASED or print)		harles		Welch	OF DEATH MAY	25, 1967			
S. SEX		COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
Ma	le W	hite	WIDOWED	Sep.DIVORCED	1910	57 yrs.	Months Doys Haurs Min.			
		ve kind of wark dane	10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT			
during mo	ost of working life,	even if retired)	IN	DUSTRY Self	Unkn	own	COUNTRY?			
	IER'S NAME	*		/ U	14. MOTHER'S MAIDEN		0.0			
. 11	JAMES W	ELCH			LAURA					
IS WAS	-		16	SOCIAL SECURITY NO.   17.	INFORMANT	Addres	\$			
(Yes, na,	or unknown) (If	U.S. ARMED FORCES? yes give war or dates a	service)							
NC			1		JIS WELCH, North Beach, Maryland					
18.	PART I. DEATH V	(Enter only one cau	se per line far	(a); (b), and (d).)	0110	Rolls	INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE	(a)	Tulmon	wy or	mouns				
	465X	DUE	TO							
	litions, if ony, wh		(b)							
	ta immediate co ing the underlyir		TO							
last.		)	(c)							
PAR	T II. OTHER SIGNII	FICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
CERTIFICATION OB CO							PERFORMED? YES NOXXX			
Z - 200	ACCIDENT WAS UN	DEDIVING 🗆	20h DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18 \	103			
OR O	ONTRIBUTING 🗆	AUSE OF DEATH	200. DE	SCRIDE HOW HAJORY OCCURRED.	(Enter ligitore of inforty in	run i oi run ii ui nein io.,				
	ITHER, NOTIFY MED		1 221 2			Ton (c)	16			
MEDICAL 20c.	Haur a.m.	Month, Day, Year	20d. If While		CE OF INJURY (Hame, farr tary, street, office bldg., etc.		(Caunty) (State)			
×	p.m.	19	at war		ary, stroot, ottico biag., otc.	1				
	21. I certify	that (this has	oital) atten	ded the deceased fram_	May 11.	1967 , to May 25	, 196.7, that #1x(we) la			
	saw the dece	ased olive on	May	23, 196/, and tha	t death accurred at	9:53PM, fram causes a	5, 1967, that <b>#x</b> (we) la and an the date stated abav			
220	SIGNATURE	1/20/2	1/1	//	ATTENDING	ANCD CTAFF	22b. DATE SIGNED			
	1	1 KUC	XE	M.I	D. PHYS	MED. DIRECTOR PHYS.	5/27/67			
220	. PHYSICIAN'S	V -	-		22d. ADDRESS					
	NAME (Type)	Reynaldo	LeeL1	lacer	Prince Ge	orges General H	Hospital			
	RIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	(Caunty) (Stote)			
	MOVAL (Specify)	5-29-								
	IERAL DIRECTOR	1 2-27	01	ADDRESS	2So RFC'		ANOR MARYLAND GISTRAR'S SIGNATURE			
		1.730 Pal+	imare	Ave. Hyattsvil						
G/	POUL'S	HIDA DerTo	THAT 6	WAC. HAMOOSATT	TO THE DATE AY	3 1 1967 200	iones Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then pleose remove corban papers. Pages 1 and 3 should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removal, and in any event within 72 hours after depth Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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3000	Laboration and co	alle degli evi evi	Min city support

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ORISTATE .		07199 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07177
EACTH DEPT.	(	LACE OF DEATH  COUNTY Prince George's MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  a. STATE  DISTRICT OF COLUMBIA
oth. If any delay ages 1, 2, and 3 th form PM3. Pages 2 Stote Deportment		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  Chevery  NAME OF HOSPITAL OR VISTITUTION (If not in hospital, give street address)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington  6. IS RESIDENCE ON A FARM?
Give Pages 1, and with form the State De	<i>f</i>	Prince George Gen. Hospital 409 Trenton St. S. E. YES NO E Middle Last 4. DATE Month Day Year
	S. 5	Type or print) 1/1/700 H. WEIS DEATH 3 1/1967
24 hours in Item I r's Office es land2 after deotl	duri	USUAL OCCUPATION (Give kind of work done Industry)  USUAL OCCUPATION (Give kind of work done Industry)  INDUSTRY  USUAL OCCUPATION (Give kind of work done Industry)  INDUSTRY  URGANITA  12. CITIZEN OF WHAT COUNTRY?
d within 24 in pencil in Examiner's File pages 2 hours afte		FATHER'S NAME  LIE MOTHER'S MAIDEN NAME  LIE
nould be executed wit word "pending" in pe the Chief Medicol Exan rial-tronsit permit. File my event within 72 hou		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Heart Failure  MANDIATE CAUSE (b) Heart Failure  MANDIATE CAUSE (c) Heart Failure  MANDIATE CAUSE (d) FAILURE  MANDIATE CAUSE (d) FAILURE  MANDIATE CAUSE (d) Heart Failure  MANDIATE (d) He
ficate should be executed within 24 hours ing the word "pending" in pencil in Item 18 rded to the Chief Medicol Examiner's Office cas a burial-tronsit permit. File pages 1 and 2 vand in ony event within 72 hours after deoth		PART I. DEATH WAS CAUSE (a) Heart Failure  4200 DUE TO ARteriosclerotia Heart Disease  Conditions, if any, which gave rise to immediate cause (a), (b)  Out to a series to immediate cause (a), (b)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (a), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (b), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series to immediate cause (c), (c)  Out to a series
		DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
This icote be be rem	CERTIFICATION	YES NO [STERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
(AMINER: e the certifie of a should our files. emotion, or	MEDICAL	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  20d INJURY OCCURRED While of work of
Se execution of the control of the c		21. I certify that I taok charge of the remains described obave, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural couses, Accident, Suicide, Hamicide, Undetermined manner
DEPUTY MEDICAL Bressary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR:		ACTUAL SIGNATURE  FYAMINEP'S  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  TO SIGNATURE  TO
TO DEPUTY  necessary, the funera 5 may be TO FUNERA	230	BURIAL CREMOTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify), MAY 30-67 Fort Semaler Bladensburg 2nd
VR A15ME (5)	24	FUNERAL DIRECTOR  ADDRESS  250. REGISTRAR'S SIGNATURE  ADDRESS  250. REGISTRAR'S SIGNATURE  ADDRESS  DATMAY 9 9 1967

. . . . . PAINTA CENTRALES VERSING Harris - No. Looking and the said of enter the second of the following and the company and THE THE SAME WAS AND THE PROPERTY OF

		MEDICAL EXAMINE	R'S CERTIFICATE O	F DEATH	07178
PLACE OF DEATH     O. COUNTY				Where deceosed lived, if institution	
Prir	ce George's	MARYLA	ND 0. STATE Distric	t Of Columbia	T
b. CITY OR TOWN (If	outside corporate limits, give nearest tawn)	c. LENGTH OF STAY IN		tside carporote limits, write RURA	L ond give nearest town)
Cheverly		3 days	Washington	n g	17.3
d. NAME OF HOSPITA	L OR INSTITUTION (If not in	n hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	eorge Genera	1 Hospital	1401 Gerar	d St., N.W.	YES NO 5
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Stanle		White	DEATH 5	22 19 67
S. SEX	6. COLOR OR RACE 7		8. DATE OF BIRTH		Months Doys Hours Min.
Male	Negro	WIDOWED DIVORCED	9-2-1928	38 Yrs.	
10o. USUAL OCCUPATION during most of working li	Give kind of work done fe, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or toreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	N A SAF	1
13. TATHER 3 NAME			14. MOTHER 3 MAIDEN I	VAME	
IS WAS DECEASED EVED	IN II S APMED EODCESS	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
(Yes, no, or unknown) (	IN U.S. ARMED FORCES? If yes give wor or dotes of so	ervice)	17. INFORMANI	Address	
18 CAUSE OF DEA	TH (Enter only one rouse	per line for (o), (b), ond (c).)			I INTERVAL BETWEEN
PART I. DEATH	WAS CALISED BY-	Cardiac arrest			ONSET AND DEATH
434,5		Fibronous perica	anditie with no	nicardial effu	gion
Conditions, if ony,	which gove ) (b)	ribronous berica	ildicis wron be	ilcardial ellu	21011
rise to immediate stoting the underl		-7-20 cm			
last.	(c)		70.7		
PART II. OTHER SIG	NIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE COM	IDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAU					YES NO
20o. EXTERNAL CAU PRIMARY O or CON	SE WAS	20b. DESCRIBE HOW INJURY OCCU			
			car which ov		
Hour om	LY Month, Day, Yeor	White Met White	De. PLACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
7.40 p.m.	x May191967		Rt 214		Prince G. Md.
21. I certify	that I taak charge o	of the remains described aba		Inspection 🔀, Inquir	ry 😿 , and in my apinio
death resulte				, Undetermined man	nner 🗌
ACTUAL	11/	Mal/	CHIEF MEDICAL	h-mad	AA BAYE PAALITA
SIGNATURE	47m1	Je T	IVI. U.	ICAL EXAMINER .	22. DATE SIGNED
EXAMINER'S	M. Kehoe, M.	D Pivandala		L EXAMINER be	5-23-67
	my nemoe, M.	D. Riverdale,	Address (Street	, city, town, or county)	7-27-07
230. BURIAL, CREMATION	23b. DATE THERE	OF 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City or Take	(County) (State)

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	MAKTLAND STATE DEPAKTM	ENI OF REALIN
VISION OF	VITAL RECORDS, 301 W. PRESTON STE	REET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF	DEATH

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USAL	1		CERTITIONI	L OI PERIII		NAT	10
1. PLACE OF DEATH o. COUNTY P	rince George	e's	MARYLAND	2. USUAL RESIDENCE o. STATMaryl	(Where deceased lived, if instit and b. CC	tution: Residence befo DUNTY <b>Prince</b>	George's
b. CITY OR TOWN	(If autside corporate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carporote limits, write F	RURAL ond give near	est town)
write RURAL of	nd give neorest tawn) heverly		77 days	Clint	on		16,1
	ITAL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Ge	orge's Gener	ral Hos	pital	7421	Simpson Lane		YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Last	OF	anth Do	
(Type ar print)	Ra	lph	I.	Windsor, Sr	• DEATH Ma	,	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years birthdoy)		Haurs Min.
Male	White	WIDOWED	DIVORCED	11/22/03	Aug puring Aug.		ridors milit.
	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Caunt	y & Stote, or foreign country)	12. CITIZEN ( COUNTRY	
during mast of warking	g life, even if refired)	Pos	tal Dept.	Maryland	1	COUNTRI	f
13. FATHER'S NAME				14. MOTHER'S MAIDEN			
1	William H.	Winds	or	Ida	Mae King		
	ER IN U.S. ARMED FORCES?			INFORMANT		dress	
	(If yes give wor or dotes of		n	llo C Wine	lsor-Wife Same	os Ttom	110
no	DEATH (Files of the second			SITA O. WING	TROI-WILE DANKE		NTERVAL BETWEEN
PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY:	se per line for	(o), (b), ond (c).)	4			DNSET AND DEATH
	IMMEDIATE CAUSE	(0)	mine	arres			
4200	DOE	10	-4		Heart d		
Conditions, if an		(b) 1	Meriosch	certice.	Heart a	creace	/
stating the und		TO					
lost.	)	(c)					
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19	9. WAS AUTOPSY
0	ulinen		of alson				PERFORMED? YES NO
20o. ACCIDENT W. OR CONTRIBUTION	AS LINDERLYING [		SCRIBE HOW INJURY OCCURRED		Port Lor Port II of item 181		
OR CONTRIBUTION	G CAUSE OF DEATH	200. DE	JUNIOL HOW HOURT OCCURRED	. Lemon notice of infort in	TOTAL OF TOTAL OF HEIR 10.)		
	Y MEDICAL EXAMINER)		NUMBER OF THE PER	ACT OF HUMBY (II)	1 001 (63	(6,)	/Cha. >
20c. TIME OF IN	JURY Manth, Doy, Yeor	20d. II While		ACE OF INJURY (Home, for ctary, street, office bldg., et		(Caunty)	(Stote)
Ξ.	o.m. 19	ot war		,			
21. I cert	rify that (I) (this hos	pital) otten	ded the deceased from_	March 4.	19 67 , to May 20	, 19 67,	that (I) (we) la
sow the	deceased olive an M	ay 20,	19 <b>67</b> , ond the	at death occurred a	1 <b>4:15A</b> M, fram cause	es and an the do	ate stated above
220. SHONATURE	1			ATTENDING	MED STAFF	22b. DATE SIG	
Buh	ram SI	far	N	A.D. PHYS.	MED. STAFF PHYS.	D 5-2	0-67
22c. PHYSICIAN	3	0		22d ADDRESS		inamiala	M.A
NAME (Typ	Bahram Erfa	n, M.D	• 1 1 1 1 1 1 1 1	0813 K1V	verdale Rd., R	r verdale,	MG.
23o. BURIAL, CREMAT	ION. 23b. DATE TH	FREOE	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or	Tawn) (Coun	ty) (State)
REMOVAL (Speci	fv)					,	,,
24. EUNERAL DIRECT	May 23-	190/	Bells Methodi		Camp Sprir	RECISIDAR'S SIGNAT	/ Land
Marian	11/1/10	res,		A.		Marie	Judge
Dimmons I	Bros1661-0	food Ho	pe Rd SE Was	h DC DATE N	in of of 1001	1	0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 27 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



# CONTRACT TO STREET STREET, OF BASE OF

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	nest wasen's out	Total - Allerda	

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IS nisherauld con			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges offer MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page within 24 hours Washington, D. C. Glenn Dale (rural) XXXXX 7 mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2 d. STREET ADDRESS filled Glenn Dale Hospital 1419 Chapin St., N.W. 3. NAME OF W First Middle Lost 4. DATE Month completely DECEASED Cora Woodbridge (Type or print) A. DEATH May even The law requires that the death certificate be executed S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years remove lost birthdoy) guy WIDOWED Y DIVORCED 12/19/1880 puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = during most of working life, even if retired) INDUSTRY physician pup teacher unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM removol. James H. Adams F. Adams IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes. no. or unknown) (If yes give wor or dotes of service 0 577-03-9724 no decedent cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY: Carcinoma of colon with extensive metastases IMMEDIATE CAUSE (o þ DUF TO signed buriol. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has Bronchopneumonia Health certificote OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING the hospitol 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) Hour a.m. Not While foctory, street, office bldg., etc.) After at work 21. I certify that ( (this haspital) attended the deceased fram. 19 66 , ta ploods be retoined with the 1967 and that death accurred at 10:15 AM fram causes and an the date stated above. DIRECTOR: saw the deceased alive an 22o. SIGNATURE STAFF PHYS. MD PHYS. DIRECTOR eq director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

**ADDRESS** 

TO FUNERAL

VR A15 (4) 25M 1/67

1677 24. FUNERAL DIRECTOR

IS RESIDENCE ON A FARM? YES NO XX Dov 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours 12 CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES A NO (County) (State) 5/9/, 1967, that XI) (we) last 22b. DATE SIGNED 5/9/67

25b. REGISTRAR'S SIGNATUR

Long Park (Control of the Control of

BARRON BARRON BARRON

Gloren Dalo (rural) 1 cm / cor. Machington, D. C.

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James H. Admin P. Sales P. Admin P.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07203		CERTIFICATE	OF DEATH		07181
		LACE OF DEATH COUNTY INCE GE	ORGES	MARYLAND	2. USUAL RESIDENCE (W a. STATE MD.	here deceased lived, if institut b. COUN	ian: Residence befare admission)
		CITY OR TOWN (If autside carpon write RURAL and give nearest to 14445011E. NAME OF HOSPITAL OR INSTITUTI	(WIN)	TH OF STAY IN 1b  VR 5. address)	KENSIN d. STREET ADDRESS		RAL and give nearest town)  e. IS RESIDENCE ON A FARM?
1	0 1	CARROLL	TANOR	Middle	4210 BK	4. DATE Mont	UK. YES NO
	D	IAME OF DECEASED [YPE or print] KA+1-	+ERINE	Middle	URIGHT	OF DEATH 5	12 1967
	S. S	EX 6. COLOR OR	RACE 7. MARRIED N	EVER MARRIED   8.  DIVORCED   0	2/12/81	9. AGE (In years last hirthday) yrs.	IF UNDER 1 YEAR
		USUAL OCCUPATION (Give kind af w ng mast af warking life, even if retire		ISINESS OR	BAVARIA	State, ar fareign country) GERMANY	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME A 10 YS IUS	DIENINGER		ANTOINE	11-1	ALMAN
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED , na, ar unknawn) (If yes give war	A to a facility of		FORMANT SISTER	E112ABE+H	CARROLL MANOR
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO  (b)  DUE TO  (c)  AVP	ERTENS	INE HI	EAIRT DISE	2 years
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONI					19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	OW INJURY OCCURRED. (E	nter nature of injury in P	art I ar Part II af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day Haur a.m. p.m.	While No		OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State)
		21. I certify that (I) (	his haspital) attended the	deceased fram / 1967, and that	death occurred at	65 50 5 - 12 45 M, fram causes	and an the date stated abov
		220. SIGNATURE Chomas	7 Cellina	M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) THO	MAS F.	COLLINS			N.E.
0	23a.		15/67 Pa	vame of cemetery or correct Lawn C	emetery	23d. LOCATION (City or To Rockvil	le Md.
3	24.	FUNERAL DIRECTOR Nalleys Fune	ral Home Ave	ODRESRhode . Mt. Rai	Ils. 25d. REC'D		EGISTRAR'S SIGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

#### CERTIFICATE OF DEATH

07109

116204		CERTIFICATE	. OI DEATH		01700
. PLACE OF DEATH			2. USUAL RESIDENCE (		rion: Residence before odmission)
o. COUNTY		AA A DAVE ALLIA	o. STATE	b. COU	
Prince Georges		MARYLAND  C. LENGTH OF STAY IN 16	Maryland		nce Georges
<ul> <li>b. CITY OR TOWN (If outside co- write RURAL and give neares</li> </ul>	porote limits, st town)		C. CITT OK TOWN (If of	utside corporote limits, write RU	KAL ond give neorest town)
Cheverly		12 days	Greenbelt	•	16-1
d. NAME OF HOSPITAL OR INSTIT		give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO?
Prince Georges		spital		g Hill Terrace	
NAME OF DECEASED (Type or print)	First William	Middle Lamar XXX	Wynn Sr.	4. DATE Mon	
SEX 6. COLOR (			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 H
	WIDOWED	DIVORCED		lost birthdoy)	Months Doys Hours Mi
Male Whit	6		5/29/01	65 Yrs.	12. CITIZEN OF WHAT
o. USUAL OCCUPATION (Give kind or ging most of working life, even if re etred muste	tired)	IND OF BUSINESS OR IDUSTRY HURCH	Georgia	& Stote, or foreign country)	COUNTRY 2
. FATHER'S NAME	1.0.		14. MOTHER'S MAIDEN		
W. R. Wynn			Minnie War	ron	
S. WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO. 17.	INFORMANT	Addr.	ess III C
(es,,no, or unknown) (If yes give w		19-09-7379 Di	nella S. Wur	in 0100 Sprin	g Hill Terrace
	8		0.04	yreenbell	INTERVAL BETWEEN
1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	CED DV				ONSET AND DEATH
IMME	DIATE CAUSE (0) SE	PTICEMIA	2 Olim		6 cells
10000	DUE TO	0 1		. 0	1 ( 111
Conditions, if ony, which gove		Mycle - h	epluite	: CACUTO	1 6 cal
rise to immediate couse (o)	DUE TO	1	/		
stoting the underlying couse	(c)				
		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NOTION CIVEN IN DADT 1/a)	19. WAS AUTOPSY
					PERFORMED?
1 Brus	+Lysis AC		Andins		YES NO
20o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Hour o.m.		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State
Hour o.m.	While	Not While for	tory, street, office bldg., etc.		, , , ,
p.m.	19 of wor			10/61 11 15	1067
21. I certify that (I	) (南欧南部科) atten	ded the deceased from_		19 65, to May 15	, 19 <u>67</u> , that (I) (we)
saw the deceased a	live on May 1	5,19 <u>6.7</u> , and the	it death accurred at	8:05 M, fram causes	and an the date stated ab
220. SIGNATURE	(2)		ATTENDING	MED. STAFF	22b. DATE SIGNED
(olber	PILOT	M. M.	.D. PHYS.	DIRECTOR PHYS.	May 15, 1967
22c. PHYSICIAN'S	110		22d. ADDRESS		
NAME (Type) Albe	rt Roth, M. I	D.	5409 Rive	erdale Rd. Riv	erdale, Md.
		1 23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	
	3b. DATE THEREOF				
	lay 18, 1967	, Rest Haven (		Washington	. yeorgia
24. FUNERAL DIRECTOR ter	Clean Gart	8434 Georgia	1		ÉGISTRAR'S SIGNATURE
Varner E. Pumph	reu. Inc.	8434 Georgia	MINE DATA	Y 1 7 1967 20	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages Land 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, appringing event, within 72 hours of the Land).

VR A15 (4) 20 M 1/66

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7205 FOR STATE HEALTH DEP

in pencil in Item 18. Give Poges 1, 2, and 3 to I beaminer's Affice Nana with form PM3. Page

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Affice Dong with form

Health prior to buriol, cremation, or remayal, ond in ony event within 72 hours after began

5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

VR A15ME (5) 6M 1/67

any deloy is

This certificate should be executed within 24 hours ofter death. If

"pending"

necessary, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

In the Stote Deportment of

and 2 w

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	3 1 10 0					V				33_	
1	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE	(Where dec	eosed lived, if institu	tion: Resident	e befor	e admissi	on)
		George's		MARYLAND	o. STATE Maryland Prince George's						
	b. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If						
		give neorest tawn)		DOA			, , , , , , , , , , , , , , , , , , , ,	3	,	, ,	
-	Chever.	AL OR INSTITUTION (If no	a in bandan	DOA	Seabroo	K			10	e. IS RESI	DENCE
	d. NAME OF HUSPII	AL OK INSTITUTION (IT I	or in nospiral,	give street address)						ON A F	ARM?
		George's G	eneral	Hospital	6702 9	6th F	lace			YES	NO X
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DAT		th	Doy		ear
	(Type or print)	Caspe	r	Francis	Zimmer	OF DEA	тн 5		28	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	-		R 24 HRS.
	male	white	WIDOWED	DIVORCED [	8-30-88		78 birthdoy)	Months	Doys	Hours	Min.
		Give kind of work done		KIND OF BUSINESS OR	11. BIRTHPLACE (Stat	re or foreign	country)	12. CIT	IZEN OF	WHAT	-1
dur	ing most of working	life, even if retired)	F	NDUSTRY	Pittsbr	irgh.	Penna.	Q	JNTRY ?	A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN						
	Fran	k J. Zimm	on		Grace		hn				
10		R IN U.S. ARMED FORCES?		. SOCIAL SECURITY NO. 1	7. INFORMANT	1100	Addr				
(Y	es, no, or unknown)	(If yes give war or dates	of service)			3.5.					
N	0	-	5	79-10-5345	Mrs.Cathe	rine	O. Zim	ner (	abo	ove	
		EATH (Enter only one cou	se per line fo	or (a), (b), and (c).)	(Wife	3)	addr	ess)	INT	ERVAL BE	TWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Heart failu	re				dol	inut	ES
	42.00	DUE							-		100
	Conditions, if ony		(b)	Arterioscle	rotic heart	di sea	se		ov	er l	vr.
	rise to immediat		, ,	11 001 100010.	10020 110-20						-
	stoting the unde	riying couse	(c)								
		CHIEICANT CONDITIONS (		TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OF	ONDITION C	IVEN IN DART 3/a)		119	WAS AUT	OPCV
NO	PART II. OTHER SI	ONIFICANT CONDITIONS Q	ONIKIBUTINO	TO DEATH BUT NOT KELATED I	O THE TERMINAL DISEASE CO	UNUITION G	IVEN IN PART I(d)		1 . 7.	PERFORM	MED?
CAT									У	ES []	NO [
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20Ь. С	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I or I	Part II of item 18.)				
MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	20d.	INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for	rm, 20f	. (City or town)	(Cou	inty)		(Stote)
AB.	Hour o.r	10	Whil		factory, street, office bldg., et	c.)		- 1			
	p.r	11.	atwo				. (4)	• विका			
		. 7	/	mains described above,		, Inspe	ction X, Inq	uiry X,	and	in my	opinior
	death resul	ted fram: Nator	d causes	XI, Accident , S	uicide 🔲, 🛮 Hamicid	e	Undetermined m	nanner			
	ACTUAL	11/	IX	V	CHIEF MEDICA	L EXAMINE	R				
	SIGNATURE	Inn	2/1	2/1/	M.D. ASSISTANT ME	EDICAL EXAM	AINER			22. DATE	
	EXAMINER'S	1	/		DEPUTY MEDI	CAL EXAMIN	IER X		-	5-28-	-67
		hn Kehoe M.	D. R	iverdale, Mary	rland Address (Stre	et, city, tow	vn, or county)				
230	. BURIAL, CREMATIC	ON, / 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City or To	wn)	(County	) (9	Stote)
	BWYALISETY	/ 6/1/6	7	Cedar Hil	l Cem.	3	uitland	. Md.			
24	. FUNERAL DIRECTE	PATO I I a	17	ADDRESS	2So. REC	D BY REGI		EGISTRAR'S SI	GNATUR	SE	
	Home In	Nalley's	rune:	ral Marylaho	inier,	IAI E	1007 0	Clearl	0 0	uda	2
_	TIOMO TH	•			DATE	LIV 5	1967	Charles Mark	V	1	

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0720	16		CERTIF	FICATE	OF DEATH		071	84		
1. PLACE OF DEATH Q COUNTY Prince Georges  2. USUAL RESIDENCE (Where de o. STATE Maryland							institution: Residence b. COUNTY ince Geor				
		(If outside corporate limits ad give neorest town) 7	,	58 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Seat Pleasant					
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE		
	Prince (	Georges Gene	ral Ho	spital		501 - 68th	ı St.		ON A FARM? YES NO X		
	NAME OF DECEASED	Fir		Middle	7.	Lost	4. DATE OF	Month	Doy Year		
-	(Type or print) SEX	6. COLOR OR RACE	Mi chae			nerman Jr.	9. AGE (In	May 24	19 <b>6 7</b> YEAR 1 IF UNDER 24 HRS.		
3.	Male	White	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE		LO/31/95	lost birth		Doys Hours Min.		
100	USUAL OCCUPATIO	N (Give kind of work done	10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE (County 8	State, or foreign countr	(Y) 12. CIT	IZEN OF WHAT		
aur	ACCOU	life, even if retired)	CIVI	L SERVI	CE.	PENN	Α.	6	INTRY 2		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	MICHAE	LZIMM	ERM	NA	AL.	ANNA F	RUSHKUS				
15.		ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. IN		my		PAINS NEXT		
	es, no, or unknown)	(If yes give wor or dotes o	99	4-03 493	& MA	RYJOHANN	AZIMME	RMAN	MAIL 109		
	IB. CAUSE OF D	EATH (Enter only one counTH WAS CAUSED BY:	se per line for	(o), (h), and (c).)	rdi	(	11.		INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE	(0)	in con	CECIE	0 . 1	191-00	7			
	Conditions, if ony	DUE , which gove )	(b) (1/4)	eino	ma	left	lune	3	6 moults		
	rise to immedio		TO			-					
	stoting the under	eriying couse	(c)			,					
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	IE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
L CERTIFICATION		AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	OCCURRED. (E	nter nature of injury in P	ort I or Part II of item	IB.)			
MEDICAL	Hour o.	JURY Month, Doy, Year m. m. 19	20d. IN While of work	JURY OCCURRED  Not While at work		OF INJURY (Hame, form, y, street, office bldg., etc.)		rown) (Cou	nty) (Stote)		
	21. I certi	ify that (I) (北海洋河	KK) attend	led the deceased	from		660, to May	24. 196	7, that (1) (3628) last		
	saw the d	leceased, alive an_M	lay 24,	19.67	ond that	death accurred at	3:15AM, fram o	auses and on th	e date stoted abave.		
	22o. SIGNATURE	lelles &	MI	US	M.D.	PHYS.	MED. STAF	F Man	TE SIGNED 24, 1967		
	22c. PHYSICIAN'S NAME (Type		us, M.	D.		22d. ADDRESS 6124 Cent	ral Ave.Ca	apitol Hgh	nts.Maryland		
230	. BURIAL, CREMATI	ON. 23b. DATE THE	REOF	1 23c. NAME OF CEM	AETERY OR C	REMATORY	23d. LOCATION (Cir	ty or Town)	(County) (Stote)		
6	REMOVAL (Specific			MTIOLIU	_	CEMETERY	WASHING		C		
24	. FUNERAL DIRECTO	HAMBERS (	O P.	ADDRESS UE DOLF	. M	1		2Sb. REGISTRAR'S SI			
	NIVICI	LUI ALDEID (	001 111	NICITUMET	1	DATEAY	2 6 1967	geliante	1 July 1		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the toneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages-1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in the vent, within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, Page 4 may be retained by the haspital ar attending physician.

nograms only bankwirth to the market more to the Immensi dan ayab 82 in note - 100 - Insigned farence removed to mind Menani - Manatrana, de. - Haw St. 10/31/95 THE PROPERTY OF STREET AND STREET STREET, STREET THE REAL PROPERTY AND ADDRESS OF THE PARTY O Her 21, - of Fig. 15A Ves 24, 1867 ST24 Coursel ave Control wights Pary Land M THE SHIP MESSION The first Prompty of the state